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COUNTY BOROUGH OF BIRKENHEAD



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND SCHOOL MEDICAL OFFICER
FOR
1952

J. W. Lobban, M.A., M.D., D.P.H.

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COUNTY BOROUGH OF BIRKENHEAD

HEALTH COMMITTEE

Chairman:

COUNCILLOR MRS. MELVILLE

Deputy Chairman:

ALDERMAN T. H. HERRON

Councillors Mrs. L. Baker, Mrs. A. Cochrane, Mrs. A. Crombleholme, H. D. Ellidge, E. Nevylle Evans, J. Furness, Mrs. F. Gardner, W. Gardner, Mrs. F. M. Lindfield, W. J. Parry, R. Pilkington, H. D. Shakeshaft, M. Reney-Smith, Mrs. E. Ward.

Ex-Officio Members:

The Mayor (Alderman J. Miller) and the Chairman of the Finance Committee (Alderman H. Platt).

Co-opted Members:

Mrs. M. Adams, Dr. G. Bowen,
Mrs. A. Capper, W. N. Copland,
Dr. R. W. L. Pearson, Dr. L. J. Temple.

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ADMINISTRATIVE STAFF

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER:

J. W. LOBBAN, M.A., M.D., D.P.H.

ASSISTANT MEDICAL OFFICERS AND ASSISTANT SCHOOL MEDICAL OFFICERS:

- Anna M. Williams, M.B., Ch.B., D.P.H.,
(Senior Assistant Medical Officer)
- Thelma R. Gaunt, M.B., Ch.B., D.P.H. (Resigned 31st May, 1952).
- E. F. W. Richards, M.R.C.S., L.R.C.P.
(Resigned 31st December, 1952).
- R. M. C. Tyner, M.B., B.A.O., Ch.B., D.P.H.
(Resigned 3rd July, 1952).
- H. M. Thomas, M.B., Ch.B., D.P.H., D.C.H.
(Commenced duty 1st January, 1952).
- W. H. Parry, M.B., Ch.B., D.P.H.
(Commenced duty 22nd September, 1952).
- Margaret A. Lees, M.B., Ch.B., D.C.H.
(Commenced duty 20th October, 1952).

CONSULTANT PSYCHIATRIST: (Part-time)

Mary C. Lydon, L.R.C.P. and S.I., D.P.M.

VETERINARY OFFICER:

N. M. Clayton, M.R.C.V.S.

SENIOR SCHOOL DENTAL OFFICER:

F. G. Sutcliffe, L.D.S.

ASSISTANT SCHOOL DENTAL OFFICERS:

- Eveline M. Warlow, L.D.S. (part-time).
- Kate S. Primrose, L.D.S. (part-time).
- J. J. D. Leyland, L.D.S.
(Commenced 14th July, 1952—Resigned 31st December, 1952).

CHIEF SANITARY INSPECTOR AND INSPECTOR UNDER THE FOOD AND DRUGS ACTS:

M. Holgate, A.R.San.I.

SUPERINTENDENT HEALTH VISITOR:

Miss E. Ramage, S.R.N., S.C.M., H.V.C.

LAY ADMINISTRATIVE OFFICER:

W. M. Cavers.

ANNUAL REPORT

To the Mayor, Aldermen and Councillors of the County Borough of
Birkenhead.

Mr. Mayor, Ladies and Gentlemen,

In this my Annual Report for 1952, you will find a survey of Local Health Services. This has been written in response to a request of the Ministry of Health (Circular 2/53).

The health of the community has been good. The infant mortality rate (a satisfactory index of the health of the community) was the lowest on record. There were fewer deaths from tuberculosis and the death rate of 0.27 per 1,000 population is the lowest on record and is very little higher than the National figure.

The medical staffing of the Health Department was completed by the end of the year, but it is still impossible to give dental care to the priority classes owing to shortage of dental surgeons. Staffing difficulties have been experienced in the Sanitary Department. Three District Inspectors resigned during the year. The lapse of time before a successor can take up duty, and the period during which the newly appointed inspector is getting acquainted with his district, militate against the established routine of a Department. In spite of this, a perusal of the work of the Chief Sanitary Inspector and his staff will reveal the extensive and varied nature of the work undertaken.

All members of the staff have worked with keenness and enthusiasm during the year. My brother officials have co-operated in the work of this department and have been most helpful. I am glad of this opportunity to thank them for their ready help.

Finally, my thanks are due to the Chairman and Members of the Committee for their interest in all branches of the work. Members of the Council generally have been active in their appreciation of the services rendered by the Health Department.

I am,

Your obedient Servant,

J. W. LOBBAN,

Medical Officer of Health.

GENERAL STATISTICS

Area of Borough	8,598 acres or 13.4 square miles
Estimated population (mid-year 1952)	142,100
Number of persons per acre (density of population)	16.5
Estimated number of houses in the Borough	36,643
Estimated product of penny rate	£3,960
General Rate	20/4 in the £

POPULATION, BIRTHS, AND DEATHS

POPULATION

Population.—The population of the Borough, as recorded at the time of the 1951 census, was 142,392 (Males—68,412; Females—73,980).

The Registrar-General has estimated the population of the Borough for mid-year 1952 to be 142,100.

BIRTHS

Births registered during 1952 and birth rate.—During the year 2,622 live births belonging to the Borough were registered.

The live birth rate for 1952 was 18.2.

Birth rate in recent years.—The birth rates since 1943 are as follows:—

1943	21.9 per 1,000
1944	23.3 „
1945	21.2 „
1946	23.5 „
1947	24.8 „
1948	21.4 „
1949	19.8 „
1950	18.5 „
1951	18.2 „
1952	18.2 „

Still Births.—In addition to live births, 83 still births belonging to Birkenhead were registered in accordance with Section 7 of the Births and Deaths Registration Act, 1926. This is equivalent to a still birth rate of 0.58 per 1,000 population.

Comparison of birth rates for country generally:—

	Per 1,000 of Population	
	Live births	Still births
England and Wales	15.3	0.35
160 County Boroughs and Great Towns (including London) ...	16.9	0.43
160 Smaller Towns (resident population 25,000 to 50,000 at 1951 census)	15.5	0.36
London Administrative County	17.6	0.34
Birkenhead	18.2	0.58

Sex-distribution of births.—Of the 2,622 live births, 1,316 were males and 1,306 females.

Legitimacy.—Of the 2,622 live births registered, 136 were illegitimate, a percentage of 5.1.

Registration of stillbirths.—The 83 stillbirths registered were classified as follows:—

Legitimate—	Males	.....	28
	Females	.....	48
Illegitimate—	Males	.....	5
	Females	.....	2
			83

The stillbirth rate was 31.2 per 1,000 total births.

Births notified during 1952.—During the year 2,721 births were notified in the Borough under Section 203 of the Public Health Act, 1936. Of these 93 were stillbirths, leaving a total of 2,628 live births. This total includes births which occurred in the Birkenhead Maternity Hospital and St. Catherine's Hospital, many of which were transferable to other areas.

The following is an analysis of the above births:

Births in Hospitals:—

Birkenhead Maternity Hospital	700	(21 stillbirths)
St. Catherine's Hospital	887	(52 „)
Births in Nursing Homes	171	(2 „)

Other births:—

Notified by doctors	1	(— „)
Notified by midwives	869	(18 „)
Notified by parents	—	(— „)

2,628 (93 stillbirths)

Un-notified births.—The Registrars reported 24 cases of un-notified births; 7 by doctors or midwives and doctors, 5 by the Maternity Hospital staff and 12 by a Nursing Home.

DEATHS

Death-rate.—1,708 deaths occurred during the year. This gives a death-rate of 12.6 per 1,000 population.

Deaths in recent years.—The death rates since 1943 are as follows:

1943	.....	14.8	per 1,000
1944	.....	13.3	„
1945	.....	13.7	„
1946	.....	13.7	„
1947	.....	14.3	„
1948	.....	12.1	„
1949	.....	12.3	„
1950	.....	12.4	„
1951	.....	14.2	„
1952	.....	12.6	„

Comparison of Death Rate for Birkenhead and the Country generally:—

	Per 1,000 population
England and Wales	11.3
126 County Boroughs	12.1
148 Smaller Towns	11.2
London Administrative County	12.6
Birkenhead	12.6

Sex-distribution of deaths.—Of the total deaths, 891 were male deaths—and 817 female.

Uncertified deaths.—In 1952 there were no uncertified deaths belonging to the area.

Coroners' Inquests.—Coroners' inquests were held regarding 58 deaths—that is, in 3.4 per cent. of the total deaths during the year.

The Coroners' (Amendment) Act, 1926.—Under the provisions of this Act, a Coroner may certify death after a post-mortem examination has been held, **without an inquest**. During the year 79 of the registered deaths (4.6 per cent. of the total deaths) were certified in this way.

Infant Mortality.—There were 91 deaths of infants under 1 year old. This corresponds to an infant mortality rate of 34.7 per 1,000 live births.

There were 5 deaths of illegitimate infants under 1 year old: giving an illegitimate infant mortality rate of 36.7 per 1,000 illegitimate live births.

The infant mortality rates for each year since 1943 are given below:—

1943	74
1944	59
1945	78
1946	67
1947	72
1948	53
1949	39
1950	42
1951	40.5
1952	34.7

The causes of infant deaths during the past year are shown below:—

Pneumonia	19
Diarrhoea and Enteritis	1
Influenza	2
Other respiratory disease	4
Congenital malformations	17
Accidents (other than motor vehicle)	3
Other diseases	45
	—
	91
	—

Comparison of Infant Death Rate for Birkenhead and Country generally:—

	Per 1,000 live births
England and Wales	27.6
160 County Boroughs and Great Towns	31.2
160 Smaller Towns (25,000 - 50,000)	25.8
London Administrative County	23.8
Birkenhead	34.7

Deaths of Infants under 4 weeks of age.—There were 58 deaths of infants under 4 weeks of age, giving a rate of 22.1 per 1,000 live births.

Maternal Deaths.—There were two maternal deaths during the year, representing 0.01 per 1,000 population or 0.73 per 1,000 total births.

Deaths from Tuberculosis.—Tuberculosis was responsible for 2.2 per cent. of all deaths recorded in the Borough in 1952.

Deaths from Respiratory tuberculosis	33
Deaths from other forms of tuberculosis	6
	—
	39
	—

These deaths represent a death rate of 0.27 per 1,000 population, which is the lowest yet recorded.

Deaths from Infectious Diseases:—

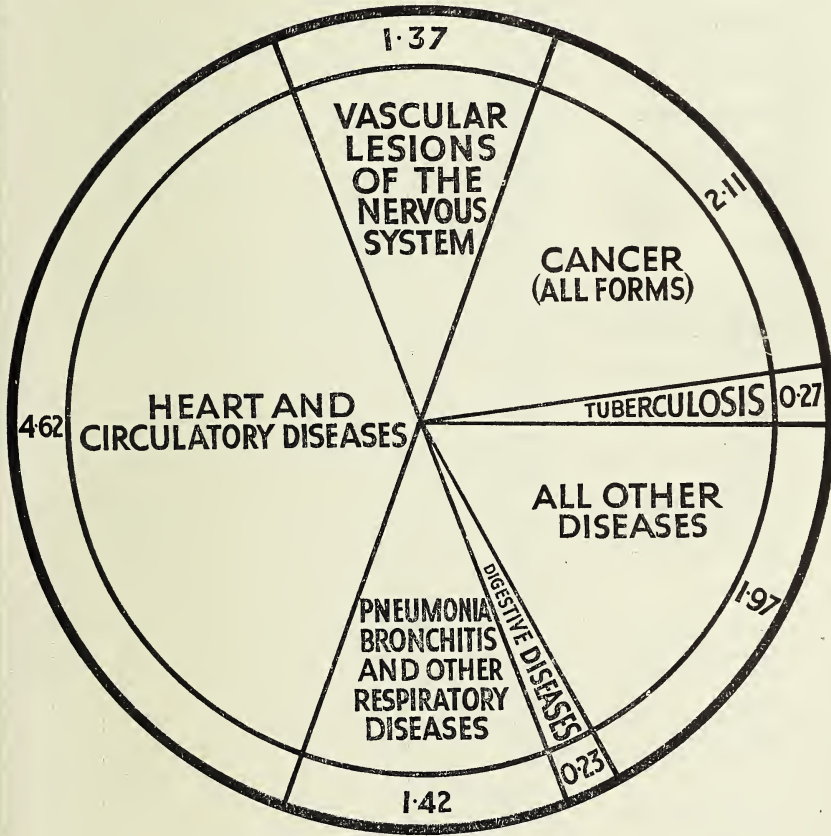
Pneumonia	77
Influenza	13
Diphtheria	1
Whooping Cough	1
Meningococcal infections	3
Other infective diseases	3
Measles	1

The death from diphtheria was that of a woman of 39 who died from acute heart failure—hypertrophy of left ventricle due to diphtheria when a child (Registrar-General's classification).

The diagram overleaf gives the proportion of the main causes of death during the year:—

COUNTY BOROUGH OF BIRKENHEAD

Death Rates per 1,000 of the Population 1952



INFECTIOUS DISEASES

A measles epidemic occurred in 1952—the third year in succession. 1,458 cases were notified, giving a notification rate of 10.26 per 1,000 population.

183 cases of scarlet fever were notified but were all of a mild nature.

One case was confirmed as diphtheria—a new low record.

There were 607 cases of whooping cough, as compared with 362 in 1951. Otherwise, the infectious disease figures call for little comment.

The comparative notification rates are given on the following pages.

ANNUAL REPORT OF
THE MEDICAL OFFICER OF HEALTH,
BIRKENHEAD, 1952.

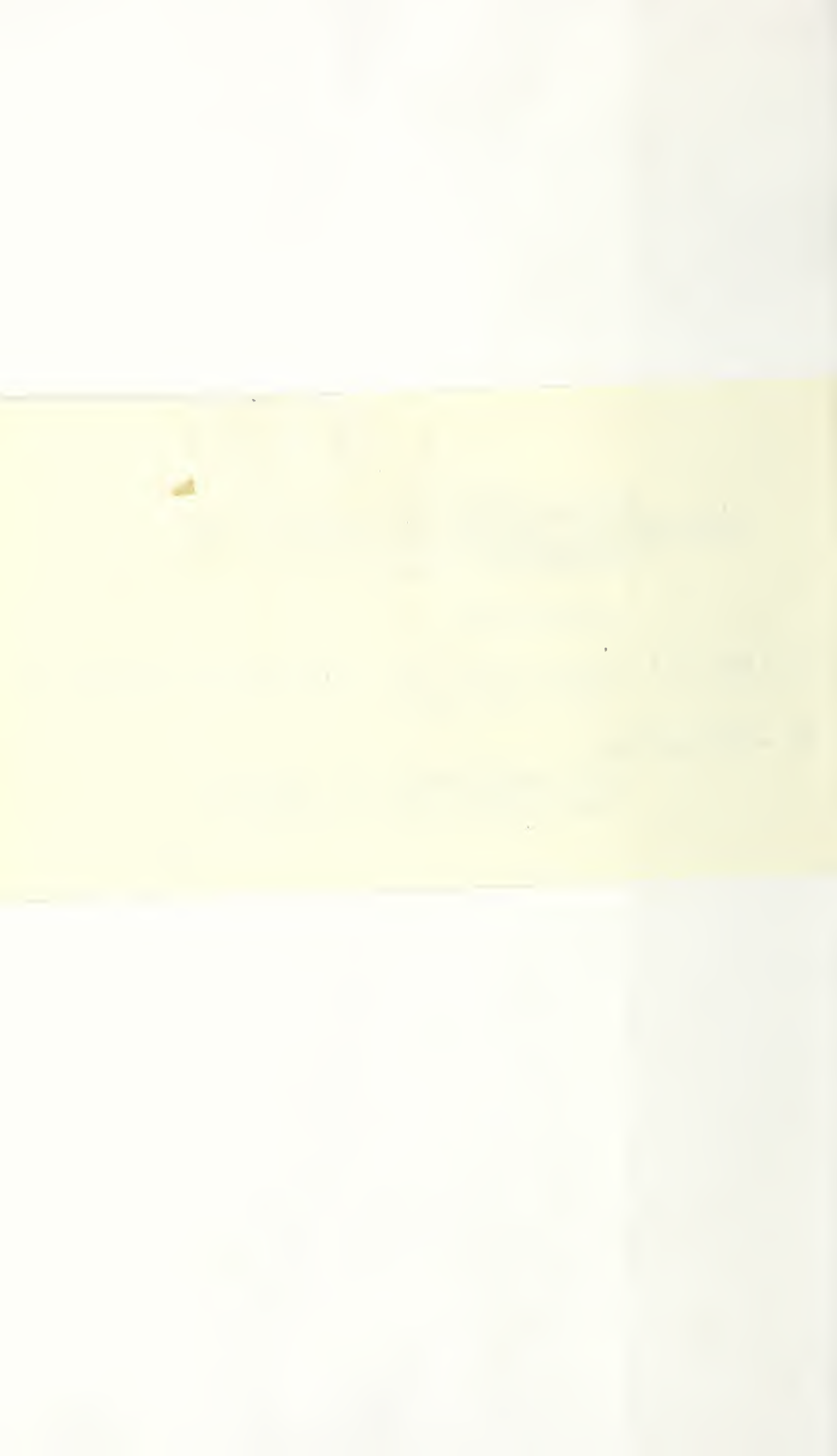
Corrigenda

e 8, line 6 : Substitute "two cases were" instead of
"one case was".

e 12 - Mortality :

for Respiratory 41 read 33

Non-Respiratory 4 read 6



	Scarlet Fever		Diphtheria		Acute Poliomyelitis				Measles		Whooping Cough		Typhoid Fever	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Numbers originally notified...	109	96	21	26	—	—	—	1	771	697	295	341	—	—
Final numbers after correction :														
Age under 1 year ...	—	—	—	—	—	—	—	—	39	35	30	43	—	—
Age 1 — 2 years + ...	9	4	—	—	—	—	—	—	239	166	69	95	—	—
Age 3 — 4 years + ...	19	18	—	—	1	—	—	—	253	250	87	91	—	—
Age 5 — 9 years + ...	60	55	1	—	1	—	—	—	223	221	102	100	—	—
Age 10 — 14 years + ...	3	6	—	—	—	—	—	—	9	12	1	3	—	—
Age 15 — 24 years + ...	2	5	—	1	—	*1	—	—	4	2	2	2	—	—
Age 25 and over ...	—	2	—	—	—	—	—	—	2	3	—	2	—	—
Totals ...	93	90	1	1	2	1	—	—	769	689	291	336	—	—

* Was notified on admission as non-paralytic but on discharge was diagnosed as paralytic.

	Acute Pri- mary and Influenzal Pneumonia		Dysen- tery		Malaria		Para- typhoid Fever		Ery- sipelas		Menin- gococcal In- fection		Puer- peral Pyrexia		Acute Encephalitis				Food Poison- ing		Ophthal- mia Neona- torum	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number originally notified ...	104	123	5	3	1	1	—	—	11	16	11	15	—	49	—	1	2	4	4	1	—	—
Final numbers after correction : Age 0 — 4 years + ...	35	37	—	—	—	—	—	—	1	—	3	2	—	—	—	—	—	—	—	1	—	—
Age 5 — 14 years + ...	11	17	1	1	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—
Age 15 — 44 years + ...	18	18	1	1	1	1	—	—	3	5	—	2	—	48	—	—	1	—	1	—	—	—
Age 45 — 64 years + ...	20	19	—	—	—	—	—	—	6	4	—	—	—	—	—	1	1	—	—	—	—	—
Age 65 and over ...	17	29	—	—	—	—	—	—	1	7	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	101	120	2	2	1	1	—	—	11	16	4	6	—	48	—	1	2	1	1	1	—	—

The following table gives comparative notification rates for infectious diseases:—

Notifications (Corrected)

	England and Wales	160 County Boroughs and Great Towns	Birkenhead
	Rates per 1,000 Population		
Typhoid fever	0.00	0.00	0.00
Paratyphoid fever	0.02	0.02	0.00
Meningococcal infection	0.03	0.03	0.07
Scarlet fever	1.53	1.75	1.28
Whooping cough	2.61	2.74	4.41
Diphtheria	0.01	0.01	0.01
Erysipelas	0.14	0.15	0.19
Smallpox	0.00	0.00	0.00
Measles	8.86	10.11	10.26
Pneumonia	0.72	0.80	1.69
Acute poliomyelitis (including Polioencephalitis) Paralytic..	0.06	0.06	0.02
Non-paralytic	0.03	0.03	0.00
Food poisoning	0.13	0.16	0.01

Rates per 1,000 Total (Live and Still) Births

Puerperial pyrexia	17.87	23.94	17.74
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Food Poisoning

The total number of cases of food poisoning confirmed, following notification, numbered 2.

These cases were fully investigated. Unfortunately it is often too late when the notification is received to obtain specimens of the suspected food for analysis.

Food Poisoning Notifications (Corrected)

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
—	—	2	—	2

Outbreaks due to identified agents:—

Total outbreaks: 0 Total cases: 0

Outbreaks of undiscovered cause:—

Total outbreaks: 0 Total cases: 0

Single Cases:—

Agent identified 1 Unknown cause 1 Total 2
(Salmonella organism)

TUBERCULOSIS

Notifications

The total number of cases of Tuberculosis notified during the year was 258. Of these 241 cases were of Pulmonary and 17 of Non-Pulmonary Tuberculosis.

This number shows an increase of 24 from that of 1951, i.e., an increase of 10%.

Mortality

The total number of deaths certified as due to Tuberculosis was as follows:—

Respiratory	...	...	...	...	41
Non-Respiratory	...	...	...	...	4

Tuberculosis Register

At the 31st December 1952 the register showed a reduction of 147 compared with 31st December 1951.

		Adults	Children (under 15 yrs.)	Total
Respiratory—	Male ...	607	50	657
	Female ...	495	47	542
Non-Respiratory—	Male ...	31	75	106
	Female ...	51	65	116
Total—	Male ...	638	125	763
	Female ...	546	112	658
TOTAL ...		1184	237	1421

Examination of Contacts

Every effort is made to encourage contacts to be examined, actually there was an increase of 51 compared with 1951. 988 contacts were examined during the year.

	Adults		Children	Total
	Male	Female	under 15 years	
Classed as suffering from Respiratory Tuberculosis ...	17	27	4	48
Classed as suffering from other forms of Tuberculosis	—	—	—	—
Classed as non-Tuberculosis ..	163	224	530	917
Classed as "suspect"	3	6	14	23
				988

Of the 988 contacts examined by the Tuberculosis Officer during the year, 48 of these or 4.86% were found to be Tuberculosis, and 23, 2.33% were classed as "suspects". In addition 1,012 contacts were given forms for chest X-rays, but only 443 actually attended for X-ray.

B.C.G. Vaccination

During the year 184 child contacts and 8 Students Nurses were vaccinated. 372 children were Mantoux tested prior to vaccination and 450 children were Mantoux tested after B.C.G. (6 weekly and yearly).

GENERAL PROVISION OF HEALTH SERVICES

Cremation

The Medical Officer of Health is Medical Referee to the Landican Crematorium. During the year, 1,320 cremations took place compared with 1,343 in 1951.

Medical Examinations

The following medical examinations were carried out by the Medical Staff during the year:—

Fitness for entry into the Corporation's Services ...	398
Fitness for entry into the Local Government Super- annuation Act, 1937	140
Re-examinations	165
Special Reports	71
	774
Fitness for driving P.S. Vehicles under the Road Traffic Acts, 1930-1947	28
Examination of Gravediggers for signs of Silicosis	14
Examination of Tar Workers for Tar Workers Cancer	8
Examination of candidates for entry into Teachers' Training Colleges	37
	861
Total Examinations	861

SURVEY OF LOCAL HEALTH SERVICES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1948

GENERAL.

1. Administration.

The Medical Officer of Health is responsible for the organisation, administration and control of the Local Authority Health Services and the School Health Service.

There is one exception—the Ambulance Service. This service is organised by the Fire Brigade Department on behalf of the Health Committee. There is complete liaison and co-operation between the Medical Officer of Health and the Chief Fire Officer. Fuller details of this service will be seen later in this survey.

Complete integration of the work of the Health Department with that of the School Health Service is secured by the fact that Health Visitors are also School Nurses and the clerical staff is one unit.

The Borough Council decided that the fullest co-ordination must exist between the Health, School Health, Children's and Welfare Departments. Accordingly, the Borough Council in 1950 transferred the control and supervision of the Children's and Welfare Departments from the Town Clerk to the Medical Officer of Health. The Children's and Welfare Departments are housed in the main Health Department offices and the clerical staff of these Departments has been absorbed into the staff establishment of the Health Department. It is felt that this co-ordination has been of value to all these Departments so intimately concerned in the welfare of the public.

2. Co-ordination and co-operation with other parts of the National Health Service.

(a) A Local Liaison Committee of representatives of the Council's Health Committee, Local Executive Council and Local Hospital Management Committee has been established.

The Medical Officer of Health is one of the Council representatives. This Liaison Committee has proved of value in discussing problems affecting each section of the National Health Service. If matters are to be discussed and representatives of the profession concerned are not members of the Committee, the representatives of the branch of the service concerned, e.g., dental, pharmaceutical, etc., are invited to attend for discussion.

(b) As in other Regional Hospital Board areas, a Liaison Committee of the Medical Officers of Health in the Liverpool Hospital Region meets regularly when mutual problems are discussed with the administrative Medical Officers of the Regional Hospital Board.

(c) The Medical Officer of Health is a member of the Local Medical Committee and is Chairman of the Local Obstetric Committee.

(d) The Medical Officer of Health serves on the House Committee of the St. James' Hospital, Birkenhead (a Hospital for infectious diseases).

(e) Liverpool Regional Joint Health Advisory Committee. This Committee has been established and the Borough Council has nominated the Medical Officer of Health to represent the Authority on this Committee.

There is co-operation between the Liverpool Regional Hospital Board, the Local Hospitals, Local Executive Council and the Health Department, and this has been achieved through the goodwill of the officers at officer level.

The Almoners of the Hospitals seek the help of the Health Department, and the Health Department supplies information about home conditions when requested. The exchange of information and help is not a one-way traffic as the Health Department is able to obtain information from the Hospitals. This is particularly evident in the case of school children examined and treated in Hospitals. The Paediatricians supply the fullest information about school children in their care and also children under five years of age. It is the custom to send the Medical Officer of Health copies of the reports to the general practitioner.

General practitioners seek the help of the Health Department in cases presenting some difficulty and in which the practitioners think the Health Department can be of service.

A guide to the Local Health Services was issued in 1949 and is due to be revised in the near future.

There is a Medical Advisory Committee of the local Hospitals. The Medical Officer of Health is not a member. The only suggestion as to improvement of the already good co-operation between the various Health Services is that if the Medical Officer of Health were a member of this Medical Advisory Committee for the Hospitals, co-operation with the Hospitals would be more assured. The Medical Officer of Health in his membership of the Local Medical Committee has this link with the general practitioners of the town, and a similar link with the Consultant Staff of the local Hospitals is equally desirable.

3. Joint Use of Staff

No doctors in general practice are employed by the Authority on a part-time or sessional basis, and there are no arrangements for medical officers employed by the Authority to work part-time in Hospitals.

Reference will be made in the section of the survey dealing with Prevention, Care and After-Care to the part-time employment by the Authority of a Tuberculosis Officer on the staff of the Liverpool Regional Hospital Board.

4. Voluntary Organisations

There is an interchange of information and assistance between the Health Department and the following voluntary organisations in the Borough—Birkenhead and Wirral Society for the Prevention of Cruelty to Children, Birkenhead and Wirral Invalid Children's Association, Birkenhead Council of Social Service, and the Corkhill Charity Trustees of the Fund for assistance to sufferers from tuberculosis. There is also co-operation with the British Red Cross Society and the St. John Ambulance Brigade, the members of both organisations giving freely of their time as voluntary workers, particularly in Clinics.

Reference will be made in another section of the survey to the work of the Birkenhead District Nursing Society, St. Elizabeth's Convent and the Birkenhead Mothers' Welfare Clinic.

PARTICULAR SERVICES.

5. Care of Expectant and Nursing Mothers and children under school age.

Expectant and Nursing Mothers. Ante-natal Clinics are established in three districts of the Borough. An Assistant Medical Officer of Health attends each Clinic.

Every expectant mother attending the Ante-natal Clinics has her blood tested for Blood Group, Rhesus Factor and Wasserman Reaction. General Medical Practitioners undertaking midwifery can send their patients to the Ante-natal Clinics for these blood tests.

The importance of post-natal examination is stressed and every effort made to encourage mothers to have such an examination, either at Hospital, Local Authority Clinic or by the general practitioner.

Unmarried mothers are provided with accommodation in Mother and Baby Homes, before and after confinement, for periods averaging 12 weeks. Health visitors keep in touch with the mother and baby on discharge from the Home. Priority of admission to Day Nurseries is given to the children of unmarried mothers.

A stock of maternity outfits is maintained in the Health Department and controlled by the Non-Medical Supervisor of Midwives. Supplies are issued to midwives and to the Midwifery Sister on the Maternity Hospital staff who attends domiciliary confinements.

Child Welfare. Five Infant Welfare Clinics are provided in the Borough. An Assistant Medical Officer of Health attends each Clinic. Babies and toddlers are regularly weighed. Consultations with the doctor in attendance are encouraged.

National Dried Milk, Orange Juice and Cod Liver Oil are available in addition to proprietary brands of infant foods.

Immunisation against Diphtheria and Whooping Cough is carried out in ordinary sessions. Every encouragement is given to mothers to continue attendance with toddlers. Health Visitors in attendance give group talks to mothers.

Two sessions per week for artificial sunlight treatment are held during winter months at the North and South Clinics.

Premature Infants. On discharge from Hospital premature infants are immediately notified to the Health Department so that the Health Visitor can be of immediate assistance. A specially designed cot is available from the Health Department on loan for the use of premature infants nursed at home. Particular attention is paid by Health Visitors to these infants for the first six months, and longer if necessary.

Dental Care. It was not found possible, owing to shortage of Dental staff, to arrange for special sessions for the priority classes. It is hoped however, during 1953, that with part-time dental surgeons a commencement will be made with special sessions for these priority classes. An arrangement is still in operation whereby private dental surgeons give priority of treatment to cases in the priority classes referred from infant welfare and ante-natal Clinics.

Other Provision.

Day Nurseries. Three Day Nurseries are provided in the Borough for children between the ages of 0-5 years.

Vaccination against smallpox and immunisation against diphtheria are provided for the children, subject to the consent of the parents, and a regular system of medical inspection is provided by an Assistant Medical Officer.

Two of the Nurseries are Training Schools for girls desiring to take the National Nursery Examination Board Certificate.

Convalescent Treatment. Arrangements are in operation with the Birkenhead and Wirral Invalid Children's Association whereby the Association provides convalescent treatment for children between the ages of 0-5 years recommended for such treatment by Assistant Medical Officers.

The actual cost of the treatment, plus the administrative expenses of the Association in connection therewith, are defrayed by the Local Authority.

Voluntary Agencies. Under the scheme of the Council, grants are paid to the undermentioned agencies in respect of their services:—

(1) **St. Elizabeth's Convent.**

An Infant Welfare Clinic is held at this Institution one afternoon each week where mothers receive advice from a medical practitioner.

(2) **Birkenhead & District Mothers' Welfare Clinic.**

Mothers attending this Clinic receive advice of a social nature, not coming within the scope of the services of the Local Authority.

(6) **Domiciliary Midwifery.**

The Senior Assistant Medical Officer acts as Medical Supervisor of Midwives and is assisted by a Non-Medical Supervisor of Midwives, who is specially qualified for the position.

The Senior Assistant Medical Officer keeps in close contact with both Municipal and Independent Midwives.

12 Municipal Midwives are employed.

As regards Non-Medical supervision, Municipal Midwives are visited in their homes at three-monthly intervals. Records and instruments are carefully inspected. Private Midwives are visited in their own homes at regular intervals for the same purpose.

The Non-Medical Supervisor of Midwives periodically supervises a nursing visit conducted by each Midwife in the Borough.

Municipal Midwives visit the Central Office each week and discuss with the Medical Supervisor and the Non-Medical Supervisor matters arising in connection with their duties. Independent Midwives are encouraged to confer with the Medical Supervisor of Midwives in regard to matters on which they require advice.

Midwives attend Ante-natal Clinics with their patients as part of their Ante-natal care of the patient.

All Municipal Midwives are qualified to administer gas and air analgesia.

The Ambulance Service provides transport for midwives when public transport facilities are not available, and conveys gas and air analgesia apparatus to the homes of the patients.

Should patients be discharged from hospital on or before the tenth day following confinement, the hospital notifies the Health Department and the Municipal Midwives take over the cases.

Should the home conditions of expectant mothers warrant hospital accommodation for the confinement, the Hospital is communicated with and the necessary action taken to arrange admission.

Should the Hospitals wish information about the home conditions of mothers attending the Hospital Ante-natal Clinics and desirous of being confined in Hospital, the homes are visited by the Health Visitors of the districts and a report is forwarded to the Hospital giving details of the home conditions of the applicant.

Refresher Courses are attended by two Municipal Midwives each year.

An arrangement is in operation between the Local Authority and the Liverpool Regional Hospital Board whereby the services of the Midwifery Sister on the staff of the Birkenhead Maternity Hospital are available for attendance in domiciliary cases under the Midwifery scheme. This arrangement provides opportunities for Pupil Midwives taking Part II Training for the Central Midwives Board Examination to gain the required experience under the supervision of the Midwifery Sister in attending women confined at home.

The Council make an annual payment to the Hospital Board equivalent to the salary of the Midwifery Sister in respect of her services.

7. Health Visiting.

The staff employed on Health Visiting is one Superintendent and sixteen Health Visitors.

Each Health Visitor is also a School Nurse and has a district for which she is responsible. Her duties include:—

- (a) Visiting of expectant and nursing mothers.
- (b) Visiting of children under 5 years of age.
- (c) Visits to infectious disease cases (0-5 age group).
- (d) Visits to tuberculous patients.
- (e) Visits to aged and infirm for Welfare Department.
- (f) Visits to ascertain housing conditions.
- (g) Visits in connection with Cancer Investigation at present proceeding in Cheshire and North Wales.
- (h) Attendance at Infant Welfare Centres and Ante-natal Clinics.
- (i) Attendance at School Clinics.
- (j) Attendance at Routine School Medical Inspections.
- (k) Special visits to homes at the request of Hospital Authorities, Welfare Officers, Housing Department or voluntary Associations.

General practitioners occasionally ask for assistance to mothers who are in need of help which can best be given by a Health Visitor. This type of request is encouraged.

Co-operation between Health Visitors' Service and Local Hospital Authorities is satisfactory. At the request of Hospitals, visits are made to the homes of patients and reports forwarded as to the home conditions. Also in cases where Hospital Almoners are of opinion that patients discharged would benefit by guidance and supervision by a Health Visitor, this is supplied.

The Children's Hospital forwards regular lists to the Public Health Department of children discharged from Hospital, giving brief details of each case and, when necessary, these cases are visited.

The majority of the members of the staff possess the Health Visitor's Certificates; the minority who do not possess the Certificate are senior members approved in 1928 and, therefore, the need for making arrangements for them to obtain the Health Visitor's Certificate does not arise. Facilities are not available for the training of student Health Visitors.

A rota is in operation whereby three members of the Health Visiting Staff attend Refresher Courses each year.

8. Home Nursing Service.

The Birkenhead District Nursing Society (affiliated to the Queen's Institute of District Nursing) provides a Home Nursing Service for the Borough on behalf of the Local Authority, by agreement.

Requests for help come, in the majority of cases, from general practitioners, but Hospitals use the service in cases discharged from Hospital but needing nursing care during convalescence.

The classification of patients attended during 1951 is as follows:—

Medical	1997
Surgical	213
Infectious	10
Tuberculous	17
Senile	173

Total ...	2410
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A night nursing service is not provided.

No arrangements are in operation for training candidates for District Nursing in Birkenhead, but suitable candidates attend the nearest Queen's Institute Training School in Liverpool.

Refresher Courses are available for nurses, but this is dependent rather upon the number of staff available, as the present staff is not up to the establishment strength.

9. Vaccination and Immunisation.

Vaccination. Medical Officers of the Health Department, Health Visitors and Midwives lose no opportunity to advise mothers about the desirability of vaccinating their infants. Facilities are available

at Infant Welfare Centres for vaccination and the parents are always informed that the general practitioner will undertake this service. A vaccination leaflet is enclosed with each greeting card (diphtheria immunisation) to infants on their first birthday.

Immunisation against Diphtheria. Similarly to vaccination, every effort is made by the Health Visiting Staff to encourage immunisation against diphtheria at an early age. Pamphlets are issued with a consent form and greeting cards on the child's first birthday. Facilities are available at all Infant Welfare Centres for immunising children. In School, the entrant's group receive the opportunity of immunisation if not already immunised. If immunised earlier, a reinforcing injection is given. Emphasis is also laid on the importance of the eleven year old group, and reinforcing injections are given in this age group.

Opportunity is taken on visits to schools to commence or reinforce immunisation in any children whatever the age group. Facilities are available at all School Clinics and, of course, general practitioners share in the work in their own surgeries.

Immunisation against Whooping Cough. This is carried out when the mothers attending Infant Welfare Centres ask for it. There is no large scale campaign as in diphtheria immunisation.

10. Ambulance Service.

As stated earlier in the survey, the Ambulance Service is administered by the Fire Brigade. The trend continued to be on an upward direction both in calls and patients carried, but mileage was reduced by 16,138 miles. There was a tendency towards the end of the year for a levelling out of demand.

Circular 30/1951 was discussed with the appropriate authorities and the recommendations are being observed by Hospitals and general practitioners. Special arrangements are in operation with the majority of Hospitals, whereby lists of out-patients for whom transport is required are received by the ambulance service the evening prior to the day when transport is required.

Local Hospitals collect information about the discharge of patients requiring transport and pass this information to the ambulance service the evening prior to the day when transport is required.

It is gratifying to state that there is practically no abuse of this service. General practitioners and Hospitals staffs are all careful in their demands for an ambulance and obviously the needs of the patient have been carefully examined.

Difficulties are encountered, however, and are probably found elsewhere:—

- (a) Many patients do not appreciate the necessity for co-ordination of journeys and often throw the system out of gear by not being ready when the ambulance calls.
- (b) Although on a reducing scale, appointment errors continue to account for many abortive journeys. Hospitals fail to give notification when appointments are cancelled or postponed. This would appear to be due to lack of internal liaison.

- (c) At a number of Hospitals, both in and out of Birkenhead, ambulances are often delayed when taking patients for admission. Although Hospitals concerned are aware that the patient is due at a certain time, it is often found that they are not ready for the reception and sometimes a delay of one or more hours has been encountered. This is a particular fault of mental hospitals.
- (d) Probably due to lack of disciplinary control, it is found at one or two Hospitals that ambulances are delayed because the crews either have to go to the wards to collect patients for discharge or convey incoming patients from the reception ward to the actual ward. The attention of these Hospitals has been called to the fact that their own porters should provide this service, but the fault continues.
- (e) Occasionally where a resident of Birkenhead has met with an accident in another town or district and is treated in that town's casualty hospital, the doctor in charge is reluctant to transfer the case history to an appropriate Birkenhead Hospital when the case becomes an out-patient thus necessitating what are long and unnecessary journeys involving loss of an ambulance for a considerable period.

A very high frequency radio has been installed on trial giving two-way communication between Headquarters and ambulances, and has achieved outstanding success in reduction of mileage, economy in staff and speeding up of service.

An order has been placed for trial purposes of a Riley Rocking Stretcher, as the Holger Nielson method of resuscitation has been adopted. The Ambulance Service is also trying out a "Mobyle" tubular folding ambulance chair, with gratifying results. The acquisition during the year of two "Spurmobus" sitting car vehicles have, with the radio, been responsible for the reduction in mileage.

11. Prevention, Care and After-Care.

(i) **Tuberculosis.** There is a Care and After-Care Sub-Committee of the Health Committee. The Sub-Committee consists of representatives of the Health Committee, the Corkhill Charity Trust, the Red Cross Society and St. John Ambulance Brigade.

Under an arrangement with the Liverpool Regional Hospital Board, the part-time services of a Tuberculosis Officer are available to deal with cases coming under the Scheme.

There is close liaison between the Diagnostic and Treatment Services and the After-Care Services of the Local Authority, and for this purpose, the Tuberculosis Almoner has an office in the Chest Clinic.

From the preventive angle, efforts are made to have every child contact examined and, if they are Mantoux negative, they are offered B.C.G. Vaccination, and adult contacts are offered X-ray. If thought desirable, they are asked to undergo a medical examination.

Immediately a case is diagnosed at the Clinic as tubercular, he or she is referred to the Almoner who discusses the social and financial problems affecting the particular case and gives advice, of which more will be seen under (b) of this Section.

(a) **Home Visiting.**

On receipt of notification that a person is afflicted with tuberculosis, the home of the person is visited by a Health Visitor who prepares a report on the home conditions, number of contacts, etc., which is forwarded to the Tuberculosis Officer for his information. The Health Visitor also advises as to the methods which can be adopted to reduce the risk of infection and maintains contact with the patient in the home as long as is considered desirable.

(b) **Almoning Services.**

Patients and their relatives are encouraged to consult the Almoner regarding their difficulties, and the Almoner pays regular visits to patients in Hospitals and Sanatoria with the object of assisting them.

The Almoner also endeavours to facilitate treatment by relieving anxiety, and to safeguard the restored patients against relapse by obtaining assistance for them in their difficulties.

Beds, blankets and nursing requisites are loaned to patients, and garden shelters are also loaned if a suitable site is available at the patient's residence.

Paper handkerchiefs are issued for respiratory cases, and destructible paper cups are issued to bed patients being nursed at home. Extra nourishment is granted to necessitous cases.

Funds are provided from the Corkhill Charity Trust to assist patients and their families, but, before such assistance is granted, the circumstances of the case are investigated by the Almoner. Assistance granted to patients by the Trust during last year amounted to £800.

Occupational classes are held weekly for male and female patients.

Effective co-operation exists between the Almoner, the Local Office of the Ministry of Labour, the National Assistance Board and other statutory and voluntary bodies in dealing with patients.

(c) **Housing.**

Special attention is paid to patients on the register living under unsatisfactory conditions.

These cases are the subject of a special report by the Tuberculosis Officer to the Medical Officer of Health who confirms the housing conditions and decides on his recommendation to the Housing Department.

(d) **Rehabilitation.**

Valuable assistance has been given by the Disablement Rehabilitation Officer in the work of helping patients to find employment.

Patients registered under the Disabled Persons' Employment Act, 1944 are placed in special training and assistance granted to them to find employment.

Suitable cases are sent to Wrenbury Hall Training Colony and Derwen Cripples' Training College, with a view to them undergoing a course of rehabilitation.

(ii) **Illness Generally.** Apart from visits by Health Visitors when requested by general practitioners or Hospital staffs to patients on discharge from Hospital, there is no specific scheme for illness generally. There is a loan cupboard for nursing requisites which is available through the Home Nursing Service.

12. Domestic Help.

Requests for assistance of this kind come, in the majority of cases, from medical practitioners or Hospitals.

In every request for such help a medical certificate is required.

The homes of applicants for domestic help are visited by the Domestic Help Organiser who, after taking into consideration the circumstances, decides what amount of domestic help is required each week. The homes of persons in receipt of domestic help are re-visited periodically and the number of hours granted is increased or decreased as circumstances demand.

Households supplied with help are charged for the services in accordance with the scale adopted by the Local Authority.

The demand for assistance under this scheme continues to increase.

Many of the persons granted help are suffering from grave chronic diseases or, being aged, infirm or physically handicapped, are unable to devote to themselves, and have no relative to provide them with, the help which is required to prevent undue hardship.

In dealing with these cases, the Organiser works in close co-operation with Hospital Almoners, the Welfare Department, the National Assistance Board and Voluntary Organisations.

Preference of employment under the scheme is given to single women and widows.

It is estimated that 25% of the hours worked by domestic helpers are in the households where there are maternity and illness cases, and 75% in households where there are chronic sick, aged and infirm.

There is no local scheme for training domestic helps.

13. Health Education.

Apart from education talks in Infant Welfare Centres, health education is mainly provided by members of the Medical and Health Visiting staffs giving lectures to members of Organisations and Societies in the Borough. Experience has proved that whilst attendances at lectures of Societies who hold regular meetings are good, members of the public fail to attend lectures which have been specially organised in connection with health education.

With regard to accidents in the home, specific instructions have been given to each Health Visitor to emphasise in her visits to the homes the necessity of taking safety measures to avoid accidents.

14. Mental Health.

- (a) The Mental Welfare Sub-Committee consists of 12 members of the Health Committee, 8 being members of the Council and 4 co-opted.
- (b) The Mental Health Staff consists of two Duly Authorised Officers (Male) and one Female Mental Deficiency Officer and part-time Duly Authorised Officer.

Of the Authorised Officers, one holds the Relieving Officer's Certificate of the former Poor Law Examination Board, and the other the Certificate of the Royal Medico Psychological Association. The Mental Deficiency Officer is not certificated.

- (c) The Mental Health Officers work in co-operation with Dr. G. T. James, consultant Psychiatrist at St. Catherine's Hospital.

Dr. James assists in the after-care of patients discharged from Mental Hospitals at the Hospital Clinic.

Duties are undertaken by the Mental Health Staff on behalf of Regional Hospital Boards and Hospital Management Committees as follows:—

- (i) Supervision of patients on licence or leave from Mental Deficiency Institutions; the furnishing of progress and periodic reports on home circumstances.
- (ii) Visiting homes to which it is proposed to discharge patients from Mental Hospitals, where doubt exists as to the suitability of the accommodation, etc.
- (iii) Obtaining reports on home conditions, and histories of patients referred for psychiatric treatment.
- (iv) Visiting homes to obtain information for Hospitals index records where this had not been obtained by the Hospitals staff on admission of the patient.
- (v) Conveying mental patients under the Mental Deficiency Acts and Lunacy and Mental Treatment Acts between Hospitals when hospital staffs are not available to act as escort.
- (d) No duties are delegated by the Local Authority to Voluntary Societies.
- (e) No arrangements have been initiated for the training of staff.

Account of Work undertaken in the Community.

- (a) **Measures taken for prevention of mental illness, care and after-care of the mentally ill and defective.**

With the staff available and the continued increase in the number of cases dealt with, the time devoted to this work is considerably restricted. Contact is made with each patient referred for after-care and relatives are advised to get in touch with the Authorised Officers upon any matter about which they require advice. This branch of the Mental Health Service is made difficult by the operation of Section 72 of the Lunacy Act, 1890, which allows relatives to obtain the discharge of certified patients against advice. There is a steady increase in the number of these cases. It seems pointless for Duly Authorised Officers to advise cases with a view to after-care when the Officers are fully aware what the patients really require is hospital treatment. Where patients object to after-care treatment, visits are not made. The Mental Health staff do everything in their power to obtain suitable employment for defectives, but the scope is limited.

- (b) **Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers/Mental Health Staff.**

Initial proceedings are taken under the Lunacy and Mental Treatment Acts—removal of patients from their own homes to Hospital. Arrangements are made for patients to be examined by psychiatrists and to attend psychiatric clinics. Advice and assistance are given in cases of persons admitted to Hospital as private patients.

(c) **Under the Mental Deficiency Acts, 1913-1938.**

- (i) Arrangements for ascertaining and supervising mental defectives.

The Medical Officer of Health and two Assistant Medical Officers are approved under the Mental Deficiency Acts. Home visiting of mental defectives is undertaken by the Mental Health staff.

- (ii) Guardianship.

The supervision of cases under guardianship is undertaken by the Mental Health Staff. This method of disposal is encouraged in suitable cases.

- (iii) Arrangements for carrying out the statutory duty to provide occupation and training for defectives in the area (occupation centres, industrial centres for adults, home teaching—of individuals or groups).

Birkenhead mental defectives attend the Wallasey Occupation Centre. There are 33 children between the ages of 5 and 18 years on the register. Special transport to and from the Centre is provided.

There is no industrial centre for adults locally nor is home teaching available.

**STATISTICS OF SCHEMES MADE BY THE COUNCIL
UNDER PART III OF THE
NATIONAL HEALTH SERVICE ACT, 1946**

- (1) Care of Mothers and Young Children
- (2) Midwives Service
- (3) Health Visiting
- (4) Home Nursing
- (5) Vaccination and Immunisation
- (6) Ambulance Service
- (7) Prevention of Illness, Care and After-Care
- (8) Domestic Help Service
- (9) Mental Health Services

CARE OF MOTHERS & YOUNG CHILDREN

Ante-natal Clinics

Ante-natal clinics were held once weekly at the Central Clinic and the North and South clinics. Clinics were held on 153 occasions, the number of patients dealt with being 657 and the total number of attendances made being 2,611. Of this total, 107 patients attended the clinics during the previous year.

Below are set out the details of attendances at Clinics:—

Clinic	No. of Sessions	No. of Cases	No. of Attendances
Central, Conway St. ...	51	275	980
North	52	193	749
South	50	189	867

Infant Welfare Clinics

At the end of the year child welfare clinics were being held as follows:—

Central Clinic; Monday and Wednesday afternoons, 2 to 5 p.m.

South Clinic: Tuesday and Wednesday afternoons, 2 to 5 p.m.

North Clinic: Wednesday and Thursday afternoons, 2 to 5 p.m.

Balls Road Clinic: Thursday and Friday afternoons, 2 to 5 p.m.

Upton Clinic: Tuesday afternoons, 2 to 5 p.m.

Attendances at Clinics. Below are set out details of attendances at Clinics:—

	Central Clinic (101 sessions)		North Clinic (*152 sessions)		Balls Road (101 sessions)		South Clinic (*153 sessions)		Upton Clinic (49 sessions)		TOTALS	
	1st Visits	Re- Visits	1st Visits	Re- Visits	1st Visits	Re- Visits	1st Visits	Re- Visits	1st Visits	Re- Visits	1st Visits	Re- Visits
Attendances made by infants under 12 months	339	3847	412	4954	223	3867	449	5169	98	1084	1521	18921
Attendances made by children aged 1-2 years	10	408	14	369	14	708	17	765	13	172	68	2422
Attendances made by children aged 2-5 years... ..	17	129	17	310	17	129	25	292	17	75	93	935
TOTALS ...	366	4384	443	5633	254	4704	491	6226	128	1331	1682	22278
Examinations of children by doctor	347	1370	428	2001	227	1469	485	2507	121	534	1608	7881

* Include Toddler Clinics

Toddler Clinics

Toddler clinics, for children between the ages of 1 and 5 years are held at North and South clinics each Monday, between the hours of 2 to 5 p.m., and attendances at these clinics are included in the statistics shewn on Page 29.

Day Nurseries

Three day nurseries are provided for children between the ages of 0 - 5 years. At the end of the year there were 33 children under 2 and 67 children between the ages of 2 - 5 on the registers. The average daily attendance during 1952 was 31 under 2, 67 2 - 5 year olds.

Nursery and Child Minders Regulations Act, 1948

One nursery is registered under this Act, at 17 Cearns Road.

Nursing Homes Registration. Public Health Act, 1936, Section 187

At the end of the year there were 5 Nursing Homes registered in the Borough. During the year 2 homes closed down.

All nursing homes were inspected periodically by the Senior Assistant Medical Officer.

Care of Unmarried Mothers and their Children

During the past year 7 unmarried mothers were admitted to the undermentioned Homes:—

- 3 cases—Hoylake Home for Mothers and Babies.
- 3 cases—St. Monica's, Liverpool.
- 1 case —St. Brettargh's, Kendal.

Care of Premature Infants

During the year 205 premature babies were born. Of these, 163 were born in Hospitals or Nursing Homes and 37 were born at home.

Maternal Mortality

The Registrar-General's statement of causes of death includes 2 deaths connected with pregnancy and childbirth.

Convalescent Treatment

Number of cases recommended for treatment during the year was 25.

Agencies Assisted by Local Authority

(a) St. Elizabeth's Convent. Number of attendances during year:—

Children under 1 year	206 1st visits, 1,014 revisits
Children 1 - 5	43 1st visits, 336 revisits

(b) Birkenhead and District Mothers' Welfare Clinic. Of the 790 new patients who were given advice at the Clinic during the year, 264 were residents of the Borough.

MIDWIVES SERVICE

Number of Midwives

During the year 82 midwives gave notice of their intention to practice in the Borough, as follows:—

Municipal Midwives	13
Maternity Hospital District Midwife	1
Private Midwives	13
Midwives in Hospitals and Institutions	47
Midwives in Private Nursing Homes	8
	82

Supervision

Dr. A. M. Williams, Senior Assistant Medical Officer, acts as Medical Supervisor of Midwives.

The Non-Medical Supervisor of Midwives, Miss M. Pringle, S.R.N., S.C.M., M.T.D., carried out the following work:—

Inspection of midwives: Visits to midwives homes	75
Interviews at Office	342
Nursing visits	17

Visits in connection with:—

Cases requiring medical aid	32
Cases of puerperal pyrexia	2
Cases of ophthalmia neonatorum	9
Cases of stillbirth	13
Expectant mothers	72
Other visits	14
Attendances at Ante-natal Clinics	110

Number of cases attended by midwives—887

The number of cases attended by midwives alone (no doctor being in attendance) numbered 560.

Cases requiring medical aid

66 cases were notified by midwives in which medical aid had been called, as against 80 last year.

Notifications received from midwives

Stillbirths	17
Substitution of artificial feeding	193*
Deaths	2

* Including hospital notifications

DOMICILIARY SERVICE

(a) Municipal Midwives

The following is a summary of the work of the Municipal Midwives during the year:—

No. of bookings	802
No. of births attended—	
(a) as Maternity Nurse ...	201
(b) as Midwife	501
	702
No. of visits to patients	17,043

Birkenhead Maternity Hospital

The following is a summary of the domiciliary work carried out by the Hospital Midwifery Staff under an agreement between the Local Authority and the Hospital Authorities:—

No. of bookings	127
No. of domiciliary births	128
No. of visits to homes of patients	3,629

Independent Midwives

Independent Midwives attended 21 cases as Midwives and 36 cases as Maternity Nurses during the year.

Cases discharged from hospital

During the year Municipal Midwives provided attendance on 729 mothers discharged from Hospital before the 14th day after confinement.

Gas and air analgesia

Gas and air analgesia was administered by the Municipal Midwives to 130 patients, and by the Maternity Hospital District Midwifery Staff to 79 patients.

Before gas and air analgesia is administered, the patient must be examined by a doctor and pronounced fit.

Ophthalmia Neonatorum

One case was notified during the year.

HEALTH VISITING

Visiting in the Home

The following is a summary of work done by Health Visitors:—

2325 First visits were paid to infants under one year old.

10919 Subsequent visits were paid to infants under one year old.

20031 Routine visits were paid to infants over one year and under five years old.

131*First visits were paid to expectant mothers.

63 Re-visits were paid to expectant mothers.

65 Visits were made in connection with the deaths of infants.

821 Visits were made in connection with infectious diseases.

255 Visits were made in connection with miscellaneous matters.

70 Visits were made in connection with hospital after-care.

4688 Visits were made in which no access could be obtained.

* Does not include visits paid by the Non-Medical Supervisor of Midwives.

Clinic Duties

Health Visitors attended 1,483 Clinic Sessions during the year (1,393 Infant Welfare, Ante-natal, Sunlight; 90 Superannuation sessions).

Visits to Tuberculous Cases

The homes of tuberculous persons are visited by members of the Health Visiting Staff, with the object of giving advice to the patient and the family.

Health Visitors made 253 first visits and 3,701 re-visits.

HOME NURSING

At the end of the year, the staff consisted of 1 Superintendent, 12 full-time nurses and 6 part-time nurses.

In 1951, 2,519 cases were provided with nursing attendance and 56,196 visits were made.

Summary of Cases Nursed During Year.

Cases brought forward from 31st December, 1951	260
Cases attended to during year:	
Men	717
Women	1,312
Children	421
	2,450

Nurses' Services provided at request of:

Doctors	2,297
Patients' Relatives and Friends	16
Medical Officer of Health	14
St. Catherine's Hospital	13
General Hospital	80
Children's Hospital	2
Maternity Hospital	2
Other Hospitals	23
Other Sources	8
	2,450

Classification of cases nursed and visits paid:

	Cases	Visits
(1) Medical	1,997	41,417
(2) Surgical	213	7,145
(3) Infectious	10	64
(4) Tuberculous	87	3,702
(5) Senile	143	6,304
	2,450	58,542

Cases remaining on Register at 31st December, 1952 315

VACCINATION AND IMMUNISATION

Diphtheria Immunisation

It is estimated that 41.3 per cent. of the children under 5 years and 76.6 per cent. of the school population have been immunised.

The number of children whose immunisation was completed during the year was 2,900, made up as follows:—

0-4 years of age	1,433
5-14 years of age	1,451
15 years and over	16
Total	2,900

General practitioners and the Medical Officers of the Health Department shared in this work as under:—

	Health Department	General Practitioners
Immunisation against Diphtheria	2,205	661
Immunisation against Diphtheria and Whooping Cough	—	34
Reinforcing injections against Diphtheria ...	2,043	155

Immunisation against Whooping Cough

Requests for immunisation against Whooping Cough were received from mothers during the year, and to meet their demands 27 children were given a course of injections at the Child Welfare Clinics.

Smallpox Vaccination

During the year the following vaccinations have been carried out:—

By Medical Officers at Child Welfare Clinics	394
By General Practitioners	1,005
	1,399

The following table shows the age groups of the persons vaccinated (or re-vaccinated).

Age at Date of Vaccination	Under 1 Year	1 Year	2 to 4 Years	5 to 14 Years	15 Years or over	Total
Number vaccinated...	476	357	60	37	60	990
Number re-vaccinated	—	1	12	22	374	409

AMBULANCE SERVICE

I am indebted to Mr. A. R. G. Wray, Chief Fire Officer, for the following Statistics of Ambulance Service for the year under review. In submitting these details I would like to pay tribute to Mr. Wray and the members of the Service who have maintained the Ambulance Service at its high state of efficiency.

Classification of Calls

Type	Calls	Patients	Mileage
Emergency	5,016	5,045	20,358
Removals	34,266	34,750	115,725
Special Services	983	—	3,788
Abortive	549	—	1,377
	40,814	39,795	141,248

Comparison with previous years since inception of National Health Service Act, 1946

Year	Calls	Mileage
1948 (six months)	7,195	43,280
1949	25,096	118,397
1950	33,267	139,696
1951	38,464	157,386
1952	40,814	141,248

Mutual Assistance

Assistance to	Calls	Mileage
Wallasey	38	318
Cheshire	33	611
Others	22	389
	93	1,318
Assistance from	Calls	Mileage
Wallasey	2	23
Cheshire	—	—
	2	23

Standing by

By Birkenhead for	No. of Occasions
Wallasey	156
Cheshire	76
	232
For Birkenhead from	
Wallasey	7
Cheshire	—
	7

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The scheme is restricted to persons suffering from tuberculosis and, to a lesser extent, to those suffering from mental illness.

Effective co-operation exists between the Almoner, the local offices of the Ministry of Labour, the National Assistance Board and other statutory and voluntary bodies with the object of assisting tuberculous patients and their families.

During the year, 215 cases were referred to the National Assistance Board for financial help.

97 patients living under unsatisfactory housing conditions were referred to the Housing Manager for consideration. 33 cases were granted the tenancy of Corporation houses.

Rehabilitation

Valuable assistance has been given by the Disablement Rehabilitation Officer of the Ministry of Labour in the work of helping patients to find employment.

During the year, 47 patients were registered under the Disabled Persons (Employment) Act, 1944—of these 8 were placed in special training and 24 were found other employment.

Institution Cases—Rehabilitation

(a) Wrenbury Hall Training Colony:—	
Cases in Colony at end of 1951	2
Cases admitted during year	7
Cases discharged during year	7
Cases remaining in Colony at end of 1952	2
(b) Derwen Cripples' Training College:—	
Cases admitted during 1952	—
Cases undergoing training	2

DOMESTIC HELP SERVICE

467 households were provided with domestic help in the year under review, against 432 in the previous year—an increase of 35.

At the end of the year, 5 full-time and 40 part-time workers were employed.

Cases provided with Domestic Help during the year:—

Maternity	86
Illness, etc.	80
Chronic Sick, Aged and Infirm	275
Tuberculous	26
	467

Number of Hours worked by Domestic Helpers:—

Maternity, Illness, etc., cases	10,908
Aged, Infirm and Chronic Sick cases	42,523
	53,431

Visits

During the year, 1,745 visits were paid to households by the Domestic Help Organiser and her Assistant in investigating applications for domestic help.

MENTAL HEALTH SERVICES

Psychiatric Clinic (St. Catherine's Hospital)

	Male.	Female.	Total.
No. of Cases referred to Clinic by D.A.O.'s	4	13	17
" " " " from Clinic to D.A.O.'s	20	31	51

Defectives on leave or licence. 86 reports were sent to various hospitals and officials regarding patients on licence or leave in Birkenhead.

Patients on Friendly Supervision, including defectives discharged from their orders:—

	Male.	Female.	Total.
Number of Patients	7	8	15

It is encouraging to note that the stability of these defectives is firmly established before their discharge, and it is rarely that any further action under the Acts has to be taken.

" No Action " Cases. These are cases where, after investigation, it was found that action under the Lunacy and Mental Treatment Acts was not necessary. Assistance, which can be described as " prevention," was afforded in appropriate cases, and they were referred to the official or voluntary bodies most likely to help them.

	Male.	Female.	Total.
No further action	15	20	35
To Welfare Officer	7	4	11
To Police	—	1	1
To General Practitioners	4	4	8
To Hospitals (Senile Dementia cases not under order)	—	2	2
To Chronic Sick Wards of Hospitals	2	7	9
To Nursing Homes	—	1	1

After-Care Cases discharged from mental hospitals or psychiatric clinics:—

	Male.	Female.	Total.
Referred for After-Care	26	48	74
Refused After-Care	1	5	6

LUNACY AND MENTAL TREATMENT ACTS

Admissions to Hospitals under the Lunacy Act, 1890 (as amended):—

	Males.	Females.	Total.	Total for 1951.
Sec. 20. (3 Day Detention Order)	48	38	86	(82)
Sec. 21. (14 Day Justice's Order)	16	37	53	(70)
Sec. 16. (Certification)	72	83	155	(126)
Sec. 5. (Private Patients)	0	2	2	(0)
Sec. 64/67 (Transfers)	0	2	3	(0)
Sec. 11. (Urgency Orders)	1	2	3	(0)
Dealt with for other L.A.'s	34	46	80	(15)

Admissions under the Mental Treatment Act, 1930 (as amended):—

Sec. 1. (1) (Voluntary patients) ...	33	52	85	(85)
Sec. 1. (2) (Voluntary patient under 16)	0	0	0	(1)
Sec. 5. (Temporary patients)	1	1	2	(2)

Hospital Admissions. Mental hospital accommodation is still acutely limited for both males and females. The following admissions were arranged by the duly authorised officers:—

	Male.	Female.	Total.
St. Catherine's Hospital Annexe (Birkenhead) Mental Hospital	58	61	119
Deva Hospital, Chester	26	46	72
Rainhill Mental Hospital	2	1	3
Winwick Mental Hospital	3	3	6
Cheadle Royal Hospital	1	2	3
Sefton General Hospital, Liverpool	5	3	8
Haydock Lodge	0	1	1
Whiston Hospital	0	1	1

The number of patients dealt with under the Acts was 390, of whom 254 were new cases. A further 76 cases were investigated but required no statutory action. 74 cases were referred for after-care.

MENTAL DEFICIENCY ACTS 1913-1938

	During 1952				Total Cases on Authority's Registers as at 1.1.1953.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M	F	M	F	M	F	M	F
1. Particulars of cases reported during 1952.								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	10	—	—	—				
(2) On leaving special schools...	—	—	—	2				
(3) On leaving ordinary schools	—	1	—	—				
(ii) Police or by Courts	—	—	1	—				
(iii) Other sources	—	—	—	—				
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	1	—				
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—				
Total number of cases reported during the year	10	1	2	2				

2. Disposal of Cases.

(a) Of the cases ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Statutory Supervision	10	—	—	2	36	14	76	66
(ii) Placed under Guardianship	—	—	—	—	—	—	1	—
(iii) Taken to "Places of Safety"	—	—	—	—	5	2	—	—
(iv) Admitted to Institutions	—	1	1	—	7	4	77	71
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Voluntary Supervision	—	—	1	—	—	—	1	1
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total	10	1	2	2	48	20	155	138

3. Classification of defectives in the Community on 1.1.53.

(a) Cases included in item 2(a) (i) to (iii) above in need of institutional care :—								
(1) In urgent need of institutional care :—								
(i) "cot and chair" cases					1	1	—	—
(ii) ambulant low grade cases					12	1	—	1
(iii) medium grade cases					6	1	1	—
(iv) high grade cases					—	1	1	—
(2) Not in urgent need of institutional care :—								
(i) "cot and chair" cases					2	—	1	1
(ii) ambulant low grade cases					—	3	5	3
(iii) medium grade cases					—	1	2	3
(iv) high grade cases					1	—	4	2
Total of items 3(a).....	—	—	—	—	22	8	14	10

MENTAL DEFICIENCY ACTS 1913-1938 (Continued)

	Under age 16.		Aged 16 and over.	
	M	F	M	F
3 (b) Of the cases included in items 2(a) (i) and (ii) and 2(b) (i) overleaf, number considered suitable for :—				
(i) Occupation centre	20	10	14	12
(ii) industrial centre	—	—	15	17
(iii) home training	—	—	2	1
Total of item 3(b)	20	10	31	30
(c) Of the cases included in item 3(b) number receiving training on 1.1.53 :—				
(i) in occupation centre	16	5	3	—
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
	16	5	3	—
4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952 :				
	M	F	T	
(a) Ceased to be under care	—	1	1	
(b) Died, removed from area, or lost sight of	1	4	5	
	1	5	6	
5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care :—				
(a) Number who have given birth to children while unmarried during 1952 :—Nil.				
	Males	Females		
(b) Number who have married during 1952	—	1		

NATIONAL ASSISTANCE ACT, 1948: SECTION 47

Five cases were dealt with during the year—four women and one man. In four cases admission to hospital was necessary. In the fifth case admission to Part III accommodation was arranged and subsequently admission to the Chronic Sick Wards was found desirable.

WATER SUPPLY

The Borough has an ample supply of water of good quality. The main supply comes from Lake Alwen in Denbighshire, but subsidiary supplies are obtained from Flaybrick and Springhill Wells situated in the Borough. The water supply is good both in quality and quantity.

Bacteriological examinations are made both of the raw water and fully treated water before going into supply.

Bacteriological examinations are made at monthly intervals, and the results, so far as the treated water is concerned, are universally satisfactory and show in all cases complete freedom from bacteriological impurity.

The water supply is not liable to have plumbo-solvent action.

All the houses in the Borough, of which there are approximately 36,643, are supplied with water direct, and there are no houses supplied by means of stand-pipes.

HOUSING & ENVIRONMENTAL HYGIENE

SANITARY INSPECTION OF THE BOROUGH

This section of the Annual Report gives details of the variety of functions undertaken by the Chief Sanitary Inspector and his staff in conjunction with the environmental health services.

HOUSING AND ENVIRONMENTAL HYGIENE

Undoubtedly the greatest problem facing the department at the present time is that of dealing satisfactorily with the large number of dilapidated houses in the Borough.

The duty laid upon the Council to exercise their powers under Section 5 of the Housing Act, 1936, to inspect dwelling houses and to require the repair of insanitary houses under Section 9 has not been carried out since the early part of 1939. The Council must certify that repairs demanded under Section 9 will make the houses reasonably fit for human habitation in all respects, yet the cost of the repairs must be reasonable, having regard to the value of the house. The tremendous rise in repair costs and the fact that, owing to rent controls, the value of houses has remained stationary means that in the case of houses most in need of repair and maintenance the cost would not be reasonable.

Where the cost of bringing a house up to an acceptable standard is not considered to be reasonable, the Council must take action under Sections 11 or 12 of the Housing Act. In these cases the difficulty arises that, if owners decide to accept demolition or closing orders these houses go out of use and the occupiers have to find other accommodation—nearly an impossibility. Further, the demolition of one house in a terrace invariably leads to rapid deterioration of the houses immediately adjoining.

The position then, in respect of many houses, is that nothing effective is being done. It is true that some repairs are being carried out as the result of the service of notices under the Public Health Act, but in spite of this, whole blocks of houses are deteriorating from year to year and in some cases it would seem that wholesale clearance of the houses is the only real answer.

The present method of dealing with old houses which are in a very bad state of repair is haphazard and unsatisfactory, and it is hoped that it will be possible to institute some scheme whereby this problem can be dealt with as part of a planned campaign.

INSPECTION AND REPAIR OF DWELLING HOUSES PUBLIC HEALTH ACT, 1936

3,505 complaints were received at the Chief Sanitary Inspector's Office during the year in addition to the complaints made directly to inspectors on their districts.

The number of inspections of dwelling houses under the Public Health and Housing Acts was 11,137 followed up by 20,636 re-inspections. The number of informal notices served totalled 3,454. It was necessary to serve abatement notices in 1,187 cases where the informal notices were not complied with in a reasonable time. In addition, one notice was served under Section 9 of the Housing Act, 1936.

10,551 defects were remedied during the year.

The following is a summary of improvements effected at dwelling houses:—

Roofs repaired	1,373
Chimney stacks repaired	166
Rainwater gutters repaired	626
Downspouts repaired	232
Walls pointed or repaired	613
Ventilation improved	18
Windows repaired	492
Window sashcords renewed	595
Firegrates repaired	431
Hearthstones repaired	21
Floors relaid or repaired	566
Skirting boards repaired	95
Wallplaster repaired	1,294
Ceiling plaster repaired	628
Walls and ceilings cleansed	3
Doors repaired	551
Staircases repaired	41
Sinks renewed	63
Sink waste pipes trapped or repaired	228
Washing boilers repaired	12
Dampness remedied	365
Yard surfaces repaired or relaid	188
Yards drained	3
Sufficient water supply provided	145
Drains constructed, altered, relaid	141
Drains cleansed	387
Land drains provided	5
Water closets repaired	865
Ashpits abolished	12
Nuisance from animals abated	1
Watercourses or ditches cleansed	5
Miscellaneous	386

Legal Proceedings

Legal proceedings were instituted in 15 cases where owners had not complied with the requirements of the abatement notices. No fines were inflicted but costs totalling £6. 2. 0d. were awarded and nuisance orders were made by the Magistrates in 5 cases where the work was still outstanding at the date of the hearing. The orders were addressed to the Local Authority in three cases where the owners could not be found.

Further complaints had to be made to the Magistrates under Section 95, Public Health Act, in respect of 6 houses where the owners had not carried out the work required by Nuisance Orders made the previous year. As a result, this owner had to pay further costs amounting to £4. 7. 0d.

At 4 houses the Council were compelled to carry out the work themselves in default of the owners and in one of these cases it was necessary to ask a Justice of the Peace for a warrant to enter the premises which were temporarily unoccupied.

Housing Act, 1936. Sections 11 & 12. Dwelling Houses Unfit for Human Habitation

40 houses, 4 basement dwellings and 2 caravans were represented to the Health Committee as being unfit for human habitation and not capable at a reasonable expense of being rendered so fit under the provisions of Sections 11 and 12 of the Housing Act, 1936.

In the case of 2 houses and 1 caravan consideration was deferred sine die. 8 houses were demolished in anticipation of formal action.

The Council made Closing Orders in respect of 4 basement dwellings and 5 houses and Demolition Orders in respect of 25 houses and 1 caravan.

During the year 9 houses were demolished following the making of orders.

Common Lodging Houses

One house was voluntarily closed during the year, leaving four premises registered as Common Lodging Houses at the end of the year. These were conducted satisfactorily and accommodate men only. Most persons using these establishments have been in continuous residence for considerable periods and there are very few casual users.

SMOKE ABATEMENT

32 observations of factory chimneys were made during the year and 18 visits were paid to works in connection with these observations.

The emission of smoke in such quantities as to be a nuisance is confined to a small number of factories but these are rather persistent offenders. Unskilful firing of furnaces, unsuitable fuel being supplied and in one or two cases overloading of the steam raising plant are the usual causes of excessive emissions.

There are no bye-laws dealing with this matter in force in Birkenhead and it is therefore necessary in every case to be able to prove the existence of a statutory nuisance. This is a difficult task and in some cases, even where there is excessive smoke to be seen, may be impossible.

EXTERMINATION OF PESTS

Rats and Mice

This work was carried out in the same way as in previous years. The figures show that the rat population in sewers and buildings is being kept down to a reasonably low level.

No. of sewer manholes baited	8,947
No. of " partial takes " recorded	53
No. of " complete takes " recorded	1,262
No. of manholes " test baited "	1,000 (approx.)

306 infestations of rats or mice were found or reported during the year. All infestations were dealt with by the rodent operator or the treatment carried out under his supervision. Visits to premises likely to be infested are made from time to time. The sanitary inspectors also paid 75 visits to premises in connection with infestations.

Insect Pests.

161 rooms in 56 houses were dealt with during the year. For occupiers of houses this work is done at a nominal charge of 2/6d. per room.

BIRKENHEAD CORPORATION ACT, 1881. Section 90— PIG KEEPING

47 applications were made to the Council for permission to keep pigs. Permission was granted in 38 cases, the remaining 9 applications being refused.

There are now 63 persons licensed to keep pigs in the Borough.

BIRKENHEAD CORPORATION ACT, 1930. Section 68— CARAVANS

2 applications to use caravans as permanent living quarters and to station them on land in the Borough were made under this Act.

Both applications were refused.

THEATRES AND MUSIC HALLS.

65 visits were made during the year. These premises are well conducted and only 3 defects were recorded.

PHARMACY AND POISONS ACT, 1933.

The Department is responsible for the issue of licences to persons other than pharmacists, who sell by retail those poisons set out in Part II of the Poisons List.

New licences issued during the year	12
Licences renewed during the year	168
No. of visits paid	72
No. of persons found to be selling poisons without a licence	7
No. of cases of improper storage of poisons	2

THE RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The above Act, which is designed to ensure the manufacture and use of clean filling materials for new upholstered and stuffed articles is administered by this Department.

Provision is made for the annual licensing of manufacturer's premises and any premises used for the storage of filling materials.

The premises of all users of such filling materials, who intend to manufacture new articles are registered.

During the year the undermentioned premises were dealt with in accordance with these provisions:—

Premises licensed for the manufacture and storage of Rag Flock	1
Premises licensed for the manufacture and storage of layered flock and woollen felting	1
Premises registered for the manufacture of new upholstery	3
No. of visits of inspection	17

Powers of sampling and standards of cleanliness for the various filling materials are prescribed, and the following samples have been submitted:—

Type of filling	No. of samples	Passed
Rag Flock	2	2
Coir Fibre	2	2
Feathers	1	1
Cotton Mill Puffs	2	2
Kapok	1	1
Totals	8	8

MILK SUPPLY

The handling and distribution of milk in Birkenhead has once again been carried out in a very satisfactory manner from the Public Health point of view.

The bottling of milk by retailers has decreased still further during the year and practically the whole of the milk is now received by the retailers already bottled.

The main supplies are from two Processing plants within the Borough and four large processing plants situated outside the town.

In all these cases the milk is bottled and sealed with overlapping metal caps and is either Tuberculin Tested or heat-treated milk.

The very small quantity which is bottled by the individual retailers is however graded milk and it is pleasing to report that there is now no ungraded milk being retailed within the Borough.

The number of Registered Dairymen and Licences issued under the Milk (Special Designations) Regulations are set out below:—

No. of Registered Dairymen	154
Dealers licences to sell "Pasteurised" Milk	106
Dealers licences to sell "Tuberculin Tested"	
Milk	87
Dealers licences to sell "Sterilised" Milk	88
Dealers licences to sell "Accredited" Milk	3
Licences to Pasteurise Milk	2

It follows from the foregoing that in addition to being registered to carry on his trade every dairymen must obtain one, two or in some cases three annual licences to sell specific grades of milk. One may be forgiven for wondering whether this multiplicity of licences with its attendant form filling and recording is really necessary in a borough such as Birkenhead.

A total of 230 visits were paid to Dairies and Dairymen's premises during the year.

The local authority is now no longer responsible for the supervision of the farms producing milk within the Borough but the Medical Officer of Health has power to deal with any milk produced or sold in the town if he has reasonable grounds for suspecting that its consumption would endanger the public health.

In such cases the Medical Officer of Health can insist that the suspected milk be heat treated before sale.

In this connection it is interesting to note that with one exception the milk produced on farms within the Borough is in any event all sent to one or other of the Wholesale Processing Dairies where it is heat treated as a matter of routine.

The one exception is a graded milk and regular samples have shown it to be free from Tubercle bacilli.

From time to time, however, farms outside the district are found to be producing tuberculous milk and the Medical Officer of Health of the area concerned exercises his powers to insist on heat treatment. In the absence of suitable plant in the particular producer's districts, the Ministry, in certain cases, diverts this milk to one or other of the wholesale dairies in Birkenhead, where it can be adequately dealt with.

As such tuberculous milk is mixed with large quantities of satisfactory milk at the Processing Plant, it is obvious that the efficiency of these heat treatment plants is of ever increasing importance.

It, therefore, gives great satisfaction to the Department to be able to report that these two well equipped Dairies have again been run during the year in a most efficient and creditable manner.

Inspections and sampling at these two premises have been increased and it is pleasing to report that of the large number of samples taken, only 1 failure was recorded.

The processed milk supplied from outside the Borough has also been regularly sampled and only 2 failures were found.

The complete summary of samples is as under:—

	Passed	Failed	Total
Heat treated milks	132	3	135
Raw milks	4	—	4
			139

The Department is indebted to Dr. J. Morrison Ritchie, M.A., M.B., Ch.B., D.P.H. and his staff at the Birkenhead Laboratory of the Public Health Laboratory Service for their co-operation and assistance in carrying out the Bacteriological examinations not only of milk but also of ice cream and various other foods and specimens submitted both for routine check and specific purposes in connection with the investigation of suspected cases of food poisoning or infectious diseases.

In addition to the sampling and control of milk for Bacteriological purposes, close attention has been paid to the quality of the article and sampling for chemical analysis has been made regularly.

The sampling is done at two separate stages in the distribution of the milk.

The bottled milk as delivered to the consumer is regularly checked and no samples were found to be deficient.

The other important point at which the milk is sampled is on its arrival at the Wholesale Dairies, prior to heat treatment and mixing with other milks.

While it is obvious that the large quantities of bulked milk at the Depots will normally be found satisfactory, this is only because the better farmers produce milk above the legal minimum and so balance the deficiencies of the poorer milk.

Unfortunately the Law is such that if a farmer produces milk below the legal standard and can prove that it came from the cows in such poor condition, no action can be taken against him and he continues to receive the same payment as those farmers producing good milk.

In addition, there are, unfortunately, still cases discovered of milk adulterated with water.

This combination of poor quality milk and adulterated milk naturally presents a serious problem to the Wholesale Dairies, who must accept full responsibility for the quality of the bulked milk when once it has been mixed.

Because of this, very close attention is paid to the incoming milk and during the year, 26 samples were found to be deficient.

These samples fall into three main groups—

1. Odd churns which, though deficient themselves, were, when bulked with the other churns of the same farmer, found to give a satisfactory average. This accounted for 3 samples.
2. Milk of low quality produced by the cow. This accounted for 8 of the samples and the two farmers concerned were reported to the Ministry of Agriculture and Fisheries in order that their advisory staff could assist the farmers to improve their milk supply.
3. Milk which has been adulterated accidentally or otherwise. This group accounted for the remaining 15 samples and the following convictions were obtained—

	Fine	Costs
A. For selling milk containing added water. 11 counts	£22.0.0.	£12.18.0.
B. For selling milk containing added water. 2 counts	£10.0.0.	£ 4. 4.0.
C. For selling milk containing added water. 1 count (2 samples)	£ 3.0.0.	£ 2. 2.0.

During the past few years, owing to the shortage of milk and the close control of its wholesale purchase, it has been necessary for the Receiving Depots to continue to accept milk from particular producers over long periods, even though they have known that the milk has been of very poor quality.

Fortunately the position today is changing and with the supply of milk now equalling and occasionally exceeding the demand, it may well be possible for the Wholesale Dairies to refuse to accept milk which is consistently below standard.

There can be little doubt that such action would be a large factor in improving the quality of the milk as supplied to the Consumer.

ICE CREAM

There has been an increase in the number of shops registered for the sale of ice cream during the year.

Because of the expensive plant required in the manufacture of ice cream and the fact that increased supplies are now available from large manufacturers, the tendency to deal only in pre-wrapped ices has continued. Very few dealers now make their own ices or deal in bulk ice cream.

This, of course, greatly reduces the risk of contamination in the retail shop and facilitates the supervision of ice cream manufacture by greatly reducing the number of premises to be controlled.

There are only three large wholesale manufacturers in the town and of the 48 premises actually registered for the manufacture of ice cream only 24 dealers now regularly make ice cream on their premises. Of these, 9 use only the cold mix process.

Regular samples of ice cream and lolly ices are submitted to the Laboratory for Bacteriological examination and are subsequently Graded 1 to 4 according to their re-action to a Methylene Blue test, which is designed to give an indication of their Bacterial content.

No pathogenic organisms were isolated from any of the samples submitted and in only 1 case were faecal B.coli found to be present. This latter indicates carelessness in the handling of the product and the necessary steps were taken at the manufacturer's premises.

A summary of the samples taken is set out below:—

Ice Cream.

Number of samples placed within Grade 1.	37
“ “ “ “ “ “ 2	1
“ “ “ “ “ “ 3	—
“ “ “ “ “ “ 4	—

Lolly Ices.

With a colony count of less than 100 in 1.0.c.c.	17
“ “ “ “ “ “ “ 250 in 1.0.c.c.	1
“ “ “ “ “ “ “ 500 in 1.0.c.c.	1
Total	57

Such exceptionally good results speak for themselves and emphasise the benefit which has resulted from the tightening up of the Law relating to the manufacture and handling of ice cream.

Since the Ice Cream Heat Treatment Regulations of 1947 came into force a steady and marked improvement has been made and maintained in regard to this important food product.

There is now no longer any justification for regarding ice cream as a potentially dangerous food, prepared in unsuitable and unhygienic premises.

Present legislation and the full-co-operation of the majority of the Trade have ensured that ice cream is now prepared and made in clean and adequate premises with the most up to date plant and machinery. The resultant product is undoubtedly a valuable article, whose standard of cleanliness can compare favourably with that of any other food.

With regard to the chemical content of ice cream, as anticipated last year, the Ministry found it necessary, during the year, to reduce the legal standard of composition because of the shortage of fat and non-fatty milk solids.

31 samples of ice cream were taken and the average figures and legal standards are shown below:—

	Old Standard	New Standard	Average of 31 samples
Fat	5%	4%	7.87%
Non-fatty solids	7½%	5%	8.05%
Sugar	10%	10%	11.97%

It will be readily seen that in spite of the lowering of the standard the majority of manufacturers have maintained their quality well above the legal minimum.

Unfortunately 2 informal samples were found to be below the standard. Formal samples were immediately taken and these showed one to be genuine and the other only slightly deficient of fat. No formal action was possible. The attention of the manufacturers concerned was however drawn to the matter and steps were taken to prevent any recurrence.

The position with regard to street vendors has not changed appreciably and while the new food bye-laws assist to a small extent, it is still felt that registration of such traders would be an advantage.

The number of premises on the Register at the end of the year was as follows:—

Premises registered for the manufacture of Pasteurised Ice cream	30
„ „ „ „ „ „ Cold mix ice cream	18
„ „ „ „ „ „ Lolly Ices	6
„ „ „ „ sale only of Ice Cream and/or Lollies	339

Approximately 750 visits were made to Ice Cream manufacturers and dealers during the year.

FOOD HYGIENE

All premises where food is manufactured or prepared for sale to the public have been kept under constant supervision. Such premises include cafes, restaurants, snack-bars, licensed hotels and public houses, works canteens, cooked meat and canning factories, bake-houses, pickle factories, fish cake manufacturing premises and fish and chip shops.

The aim of the public health department is to ensure that the vital importance of hygiene is fully appreciated by all engaged in handling food. The problems connected with food hygiene may be grouped under three headings—premises, personnel and practice.

Premises should be suitably constructed, properly equipped, kept in a good state of repair and scrupulous cleanliness should be maintained at all times.

Personnel should be properly trained for their work and encouraged to observe personal cleanliness by the provision of adequate amenities. It is the modern tendency to draw up codes of practice for various industries, but no rules or regulations, nor even acts of parliament can bring into being a good standard of hygiene without the intelligent and willing co-operation of management and employee.

It is in establishing this spirit of co-operation that the health department makes its most valuable contribution to the cause of food hygiene. This policy has been pursued during the past year with the gratifying result that the bulk of the defects found during inspections have been remedied on verbal instructions. In only 18 cases was it found necessary to serve notices.

In the catering industry which has had to contend with rising costs and a trade recession finance has prevented many owners from carrying out all the improvements envisaged. Where it has been found possible to expend capital on structural work to improve the hygienic condition of the premises this has been appreciated by the public and has resulted in increased trade. The number of cafes and canteens remains constant, some half-dozen ceased operating during the year, but a similar number of new establishments have been opened for catering.

Licensed premises have again been subjected to periodic inspection and it can be reported that some progress has been made towards securing better toilet facilities. Three public houses have had new toilets constructed during the year and plans have been approved for improvements to be made in other public houses. The washing of drinking glasses is not always satisfactory and in four cases it was found necessary to insist on an improved supply of hot water.

Fish and chip shops continue to operate in a satisfactory manner. Fish fryers are increasingly becoming aware of the value of hygienic methods of production.

Inspections of the school cooking kitchens confirm the experience of previous years that a high standard of hygiene is always maintained in these premises.

There has been a drop in the number of new applications for catering licences referred by the Food Office to the sanitary department; 19 applications this year against 37 last year.

One of the applicants was not granted a licence because of the unsuitability of the premises.

Whilst there is no room for complacency and much hard work lies ahead, steady progress is being made towards cleaner and therefore safer food.

Summary of Inspections and Defects Remedied

	Shops	Stalls	Cafes Can- teens	Ice Cream Manu- facturers	Food Pre- paring Premises	Licensed Premises	Totals
Premises on Register ..	—	—	157	48	130	100	
No. of Visits	3083	460	1380	103	323	141	5490
Defects remedied :							
W.C's provided or cut off from food rooms ..	—	—	—	—	2	3	5
Drain inlets removed ..	—	—	—	—	2	—	2
Walls, floors repaired ..	29	10	3	2	14	1	59
Walls, floors cleansed ..	36	—	42	15	25	2	120
Food rooms ventilated ..	—	—	—	—	2	—	2
Refuse removed	1	2	9	2	4	—	18
Personal cleanliness im- proved.. . . .	4	—	5	7	7	1	24
Washbasins provided ..	1	—	—	—	1	—	2
Sinks provided or re- newed	6	—	4	1	6	1	18
Hot and cold water pro- vided	18	—	—	—	4	3	25
Towels, soap, etc., pro- vided	20	—	2	7	11	—	40
Food protected from contamination	6	5	10	—	9	—	30
Contravention of Bye- laws	4	3	—	—	1	9	17
Totals ..	125	20	75	34	88	20	362

Shops Act, 1950.

Not included in the above table are 203 visits paid to shops other than food shops. No notices were served under this Act but the under-mentioned defects were remedied:—

Ventilation provided	1
Means of maintaining proper temperature provided ..	1
Sanitary conveniences repaired or cleansed	5
Washing facilities provided	5
Shops cleansed	5

SUSPECTED FOOD POISONING CASES AND INFECTIOUS DISEASE CASES ASSOCIATED WITH INFECTED FOOD OR DRINK

Notification by Medical Practitioners of such cases is compulsory and the Department has investigated all such reports during the year.

During these enquiries specimens are obtained from patients and contacts, where necessary, and submitted for Bacteriological examination, together with any remnants of suspected foods.

No large scale outbreaks occurred during the year but 20 reports were received regarding isolated cases or contacts within the Borough.

The investigations occasioned 84 visits, the interrogation of 45 persons and the taking of 25 specimens of fæces or urine. In addition 6 samples of suspected food were also submitted for Bacteriological examination.

Pathogenic Organisms were isolated in only 3 of the cases investigated, viz:

- Streptococcus viridans—in a food handler,
- Staphylococcus aureus in minced meat,
- Haemolytic gram positive spore bearers in milk powder.

There are a number of factors which account for the large number of unconfirmed reports, i.e.

1. Immediate medical advice and treatment is likely to destroy the organisms by the time that specimens of fæces and urine can be obtained.
2. Any delay in notification of the outbreak to the Health Department naturally reduces the chances of the causative organism being found and,
3. Consequent upon such delay, remnants of food eaten during the relevant period may have been destroyed.

With regard to the second factor, it is pleasing to report that while there is room for improvement in a few instances, the general position has much improved during the past year.

In addition to the Bacteriological examinations made in relation to specific notifications a further 26 routine specimens were submitted to the Laboratory. All proved satisfactory.

Food and Drugs Act. 1938. Food Sampling.

386 samples of food and drugs were submitted for analysis by the Public Analyst in accordance with the above Act.

The number of types of samples were:—

	Formal	Informal	Total
Milk	36	164	200
Other foods and drugs	10	176	186
	46	340	386

26 milk samples and 3 ice cream samples were found to be unsatisfactory and mention has already been made of these.

Of the remaining food and drug samples 18 were reported as unsatisfactory.

8 of these concerned tinned soup, tinned tomato puree, tinned cherries and tinned apples. In all cases the irregularity was either excessive metallic contamination or deterioration of the contents.

The remaining stocks of the defective consignments were withdrawn immediately by the wholesalers.

2 samples of Pork sausages were very slightly deficient of meat content and warnings were given to the manufacturers concerned.

2 samples, 1 of Bread and 1 of Jam, were found to contain foreign matter and as a result the firms concerned made additional arrangements for the prevention of such accidents.

A large consignment of Skim milk powder was found to have a high acid content which caused premature souring on re-constitution. The consignment was withdrawn by the Ministry and replaced with satisfactory supplies.

A very minute amount of preservative was found in a sample of Lemon Curd, but as this was probably introduced legitimately in an ingredient of the curd, no action was considered necessary.

1 sample of a drug was found to be deficient of stated ingredients and this matter is still under observation.

Unsound Food.

The inspection of food in shops, warehouses, etc., was carried out by all the sanitary inspectors. All condemned food was collected and destroyed under supervision. The following list shows the quantities of food dealt with.

Canned and Bottled Goods:—

Meat	1951
Fruit and Vegetables	5644
Fish	535
Soup	400
Milk	1371
Preserves	341
Puddings	5
Butter	27 lbs.
Biscuits	7 lbs.
Bacon	48 lbs.
Cheese	48 $\frac{3}{4}$ lbs.
Cake	574 $\frac{1}{2}$ lbs.
Chocolate	2 $\frac{3}{4}$ lbs.
Cake Mixture	22 lbs.
Cereal	4 lbs. and 19 pkts.
Cocoa	$\frac{3}{4}$ lb.
Coconut Macaroons	11,654 $\frac{1}{2}$ lbs. and 551 pkts.
Coffee	11 $\frac{1}{4}$ lbs.

Cordial	1	bottle
Dried Fruit	281	lbs.
Essence	4	bottles
Flour	111	lbs.
Fillets	65	lbs.
Ice Cream	35	dozen blocks
Ice Cream Cakes	7	
Jelly	11½	lbs.
Kippers	42	lbs.
Kernels	55	lbs.
Lard	3	lbs.
Liquid Egg	28	lbs.
Milk Powder	572	lbs. and 7 containers
Marsh Mallow	14	lbs.
Pulp	6	galls. and 10 lbs.
Pudding Mixture	26	pkts.
Rice	2	lbs.
Semolina	2	lbs.
Split Peas	29	lbs.
Sago	7½	lbs.
Sauce	6	bottles
Smoked Fillets	18	lbs.
Salad Cream	1	gall.
Sausages	7	lbs.
Shrimps	26	lbs.
Vinegar	1	bottle

Complaints of Unsound Food

27 complaints were made at the office regarding the unsatisfactory condition of various types of food purchased from shops in the Borough. These mainly concerned foreign objects in the food, contamination by grubs, fly eggs, etc., rapid decomposition, or illness thought to be caused by a particular article of food.

All complaints were fully investigated. In 5 instances investigation showed there were no grounds for complaint. In 9 cases there was insufficient evidence to show that the articles had been in an unsatisfactory condition at the time of sale.

The remaining 13 cases were confirmed:—

These were the result of accident, ignorance or carelessness on the part of food handlers. Although a seller of food is legally responsible for its condition at the time of its sale the Committee felt that in all these cases no proceedings should be taken.

All possible steps were taken to guard against a recurrence of these offences.

FACTORIES ACTS, 1937 and 1948

In accordance with Section 128 of the Factories Act, 1937, I set out below a Table showing the inspections made, and the defects found, under Part I of the Act.

Under Part VIII of the Act, 3 outworkers engaged in the making of wearing apparel were included in the August list required by Section 110 (1) (c); there were no prosecutions under Section 110 or 111.

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (3)	Number of		
		Inspections (4)	Written notices (5)	Occupiers prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	87	51	11	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities ...	489	176	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority + (excluding out-workers' premises) ...	24	44	3	—
TOTAL ...	600	271	24	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
	Found (3)	Remedied (4)	Referred To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1) ...	23	29	—	6	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	1	2	—	—	—
Ineffective drainage of floors (S.6)	4	3	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	3	3	—	2	—
(b) Unsuitable or defective...	21	18	—	16	—
(c) Not separate for sexes ...	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	1	—	—	—
TOTAL ..	54	58	—	24	—

[i.e. Electrical Stations [Section 103(1)], Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 & 108).

MEAT INSPECTION

The following sections of the report detail the work carried out by the Veterinary Officer and the staff of Meat Inspectors.

During the year, 146,820 animals were slaughtered in the Borough, an increase of 9,366 over the previous year.

	Cattle	Calves	Sheep	Pigs
1952	96,058	4,818	42,718	3,226
1951	102,463	4,976	28,442	1,573

All animals slaughtered were subject to ante- and post-mortem inspection by the Veterinary Officer and the Staff of Meat Inspectors.

The following table shows the details of the animals slaughtered together with the condemnations:—

	Cattle	Calves	Sheep	Pigs
Number killed	96,058	4,818	42,718	3,226
Number inspected... ..	96,058	4,818	42,718	3,226
<i>All diseases except Tuberculosis</i>				
Whole carcasses condemned	104	24	59	12
Carcases of which some part or organ was condemned	26,115	25	5,740	52
Percentage of the number inspected	27.3	1.01	13.4	2.0
<i>Tuberculosis only</i>				
Whole carcasses condemned	422	12	—	9
Carcases of which some part or organ was condemned	19,265	14	—	78
Percentage of the number inspected affected with tuberculosis... ..	20.4	0.53	—	2.6

Note—(a) The carcasses of 28 animals which died in the Lairages or in transit were also inspected.

(b) The weight of meat and offal which was condemned as unfit for human consumption totalled 606 tons 18 cwts. (421 tons 2 cwts. for Tuberculosis, 185 tons 16 cwts. for conditions other than Tuberculosis).

(c) 33 bovine carcasses were found to be affected with cysticercus bovis.

Public Health (Meat) Regulation, 1924—The slaughtering of all food animals is carried out at the Public Abbatoir (Tranmere) and Woodside Lairages; the meat is supplied not only to butchers within the Borough, but to those in neighbouring districts and London. All the animals are the property of the Ministry of Food. They are slaughtered under the direction of a Slaughterhouse Manager at each centre, and are allocated by Area Meat Agents; the Manager and Agents being employed by the Minister of Food.

Inspections of butchers' shops and stores, vehicles and railway trucks for the conveyance of meat, are carried out as part of the routine work of the inspectorial staff.

Inspection of Foodstuffs In Shops, Etc.—During the year 926 inspections were made of butchers' shops and stalls, warehouses, fish shops, etc., where food is stored, prepared or exposed for sale.

Foodstuffs amounting to 42 tins of beef, ham, etc., 4,953 lbs. of beef, 490 lbs. of fish, 75 lbs. rabbit, 1,665 lbs. of pork, 541 lbs. of mutton were found to be unfit for human consumption and condemned.

Slaughter of Animals Act, 1933—41 renewals of licences to slaughter animals were granted to butchers and others, employed in Birkenhead.

Diseases of Animals Acts—Work under the above Acts has involved:—

(1) Under the Tuberculosis Order, 1939, the removal and slaughter of 2 dairy cows from herds in the Borough showing clinical signs of tuberculosis.

(2) Supervision of the disinfection of premises housing the above-mentioned tuberculous animals.

(3) The routine inspection of 22 dairy herds within the Borough.

(4) The examination of store pigs kept within the Borough to ensure that the animals are free from Swine Fever: 50 visits were paid and 430 pigs were examined.

(5) Visits to Taylor Street Cattle Sidings were made to supervise animals passing through to see cruelty is avoided, to prevent, if possible, sick animals from travelling further, and to take precautions against suspected Anthrax.

(6) Under the Fowl Pest Order, weekly visits are paid to Live Poultry Dealers in the Market and elsewhere within the Borough, to see that regulations are being properly carried out.

Swine Fever Order, 1938—2 outbreaks of Swine Fever occurred within the Borough, necessitating the slaughter of all pigs on premises. 96% of the pork was fit for human consumption.

Pet Animals Act, 1951—12 premises were inspected and the owners licenced to sell livestock under this Act. Further inspections were made from time to time.

COUNTY BOROUGH OF BIRKENHEAD



EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1952

BY

J. W. LOBBAN

M.A., M.D., D.P.H.

School Medical Officer

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COUNTY BOROUGH OF BIRKENHEAD

EDUCATION COMMITTEE

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Deputy Chairman:

Alderman W. E. POWER

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Councillors Mrs. Crook, G. F. Davies, J.P.,
J. Furness, J.P., Miss D. Jackson, J.
Kennedy, C. S. McDonald, J. W. Oates,
A. F. Power, S. Roberts.

Ex-Officio Members:

The Mayor (Alderman J. Miller) and the
Chairman of the Finance Committee (Alder-
man H. Platt, J.P.).

Co-opted Members:

Mrs. M. E. Furness, Rev. A. Rigby, J. H.
Jones, C. R. Lockyer, A. Mealor, J. Pyke,
Rev. F. J. Taylor, M.A., Professor F. W.
Walbank, M.A., Rev. A. Williamson, A.
Lindfield, P. Proudman.

Department of the Medical Officer of Health,
9 Hamilton Square,
Birkenhead.

May, 1953.

**TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for 1952.

The year has been one of steady progress. I am indebted to the Director of Education, his staff, Headmasters and Headmistresses and teaching staffs for all the help so freely given in the many activities of the School Health Service. During the year Medical Staff was engaged up to establishment and the position is satisfactory. It is different with regard to Dental Staff. At the end of the year the Dental Staff position was one senior Dental Officer and three part-time Dental Surgeons. It is hoped that more staff can be obtained and the level of school dental work maintained.

I am,

Your obedient servant,

J. W. LOBBAN,

School Medical Officer.

COUNTY BOROUGH OF BIRKENHEAD

NUMBER OF SCHOOLS AND CHILDREN

Primary Schools

County	...	...	...	...	...	17
Voluntary	...	...	...	...	...	15
No. of Children on the rolls	...	...	...	...	...	14,875
Average attendance	...	...	...	...	...	12,206

Secondary Schools (Maintained)

County (including Technical Building)	...	13
Voluntary	...	2
No. of Children on the rolls	...	6,821
Average attendance	...	5,939

Secondary Schools (Non-maintained)

There are four Direct Grant Secondary Schools in the town as follows:—

The Birkenhead Schools for Boys, Beresford Road.

The Birkenhead High School for Girls, G.P.D.S.T.,

Devonshire Place.

The Convent, F.C.J., Holt Hill.

St. Anselm's College, Manor Hill.

Nursery Classes

Nursery Classes exist in connection with the Infants' Departments of the following schools:—

Cathcart Street Primary.

Rock Ferry Primary.

The Dell Primary.

Bedford Drive Primary.

Special Schools

There are three Special Schools in the town, viz:—

Claughton Road Day School for Educationally Sub-Normal Pupils.

Sight Saving Class, Hemingford Street.

Thingwall Hospital School.

MEDICAL INSPECTION AND TREATMENT

During the year the arrangements, commenced in 1951, for the reference of children to general practitioners, continued. Hospital staffs have been most helpful in sending information about the medical condition of school children. This helpful co-operation is much appreciated by the school medical staff.

Periodic Medical Inspections were made in schools of the Age Groups specified in Para. 49(2) of the Handicapped Pupils and School Health Service Regulation, 1945, namely:—

- (a) every pupil admitted for the first time to a Maintained School, as soon as possible after the date of admission.
- (b) every pupil attending a Maintained Primary School during the last year of attendance at such a school.
- (c) every pupil attending a Maintained Secondary School during the last year of attendance at such a school.
- (d) Fourth Age Group inspections of children between eight and nine years of age on 31.3.52 were also made, and are included in the Statistical Tables as Other Periodic Inspections.

In the three compulsory groups and the other periodic group, 7,462 pupils in attendance at maintained schools were medically inspected during 1952. 200 pupils attending Birkenhead School for Boys, a school not maintained by the Authority, were medically inspected under the provisions of Section 78 of the Education Act, 1944.

Special Inspections of pupils referred from the following sources totalled 2,919 examinations:

At Minor Ailments Clinics	...	...	...	...	2175
Pre-Dental Heart Inspections	...	...	...	...	393
Children with Speech Defects	...	...	...	...	22
Referred for Convalescence	...	...	...	...	94
At Municipal Skin Clinic	...	...	...	...	5
Employment out of School Hours	...	...	...	...	41
Boarded-out Children	...	...	...	...	36
					2919

Re-Inspections were made of 5,397 pupils with defects noted for "follow up."

Statistical Tables, required by the Ministry of Education, are shown at the end of this Report.

CO-OPERATION WITH PARENTS

Parents attended at the examinations of 5,311 (71%) of the 7,462 pupils seen at Routine Inspections:—

Code Group	Parents Present	
First Age Group	...	2,056 (92.15%)
Second Age Group	...	1,359 (74.83%)
Third Age Group	...	396 (26.00%)
Fourth Age Group	...	1,500 (79.29%)

NUTRITION

The standard of nutrition of school children continues to be good. Of the 7,462 pupils seen at routine inspections, only 377 (5.05%) were classified as " C " general condition. The remaining 7,085 pupils were of average or above average general condition.

Height and Weight.—Below are set out the average heights and weights (measured without footwear) of 25% of the children examined at routine inspections.

Age	Height					
	Boys			Girls		
	No.	Ft.	Ins.	No.	Ft.	Ins.
3 years	5	3	4.00	3	3	2.00
4 years	50	3	4.68	29	3	4.10
5 years	201	3	6.13	216	3	5.89
6 years	27	3	8.63	19	3	7.84
7 years	2	3	10.00	9	3	10.55
8 years	130	4	1.58	124	4	0.48
9 years	99	4	2.07	105	4	1.93
10 years	83	4	5.52	79	4	5.58
11 years	152	4	6.22	156	4	6.74
12 years	40	4	6.35	35	4	6.43
13 years	9	5	0.78	12	4	11.33
14 years	90	5	1.33	113	5	0.58
15 years	53	5	2.62	52	5	1.85
16 years	14	5	7.43	7	4	11.00

Age	Weight					
	Boys			Girls		
	No.	St.	Lbs.	No.	St.	Lbs.
3 years	5	2	9.40	3	2	10.00
4 years	50	2	13.16	29	2	11.62
5 years	201	3	0.87	216	2	13.84
6 years	27	3	5.81	19	3	3.42
7 years	2	3	9.00	9	3	10.11
8 years	130	4	1.61	124	3	13.80
9 years	99	4	3.83	105	4	1.72
10 years	88	5	0.82	79	5	2.47
11 years	152	5	1.57	156	5	4.61
12 years	40	5	3.60	35	5	4.20
13 years	9	6	0.44	12	7	1.10
14 years	90	7	5.75	113	7	8.08
15 years	53	7	9.60	52	8	0.29
16 years	14	8	10.28	7	9	4.28

General Condition Tables are given in the Ministry of Education Returns (Table IIB) at the end of this Report.

PROVISION OF MEALS AND MILK

The total number of School Meals provided during 1952 was 1,665,353, an increase of 63,520 on 1951. Of this number 1,407,687 meals were supplied on payment and 257,666 were provided free. The figures include meals to teaching staffs, supplied at the appropriate rate.

Children attending Maintained Schools receive one-third of a pint of milk free of charge daily. During the year, 3,572,657 one-third pint bottles were supplied.

CLEANLINESS AND CLOTHING

The general standard of cleanliness is satisfactory, having regard to the congested conditions of the area. Health Visitors made periodic inspections during school term and 69,534 examinations were carried out. 1,330 pupils were found to be infested with vermin.

The standards of clothing and footwear are generally satisfactory.

VACCINATION

In the Routine Inspections, of 7,462 children examined 3,040 (40.74%) had no vaccination marks and 4,422 (59.26%) showed marks.

MINOR AILMENT CLINICS

Clinic	Total Attendances	First Attendances	New Cases		Re-exams		Defects	
			T	NT	T	NT	T	NT
Central	3036	660	444	166	136	60	552	209
North	1557	617	241	114	248	57	290	125
South	1425	449	260	162	191	94	278	162
Totals	6018	1726	945	442	575	211	1120	496

1,726 individual children made 6,018 attendances at the three Minor Ailment Clinics during the year.

The attendances show a decrease of 1,001 (14.26%) on the preceding year. Compared with 1948, there has been a fall of 55% in the number of attendances at the Clinics. This decrease is a logical consequence of the National Health Service Act, 1946.

DEFECTIVE VISION

During the year, Dr. A. M. Williams (Senior Assistant School Medical Officer) continued, by arrangement with the Local Executive Council, to carry out refractions and sight testing. Dr. Williams is an approved Ophthalmic Medical Practitioner.

Arrangements whereby new cases are examined at the Eye Clinic on Tuesdays and re-examinations on Thursdays continued throughout the year.

As the figures for 1953 show there has been no falling off in the work of the Eye Clinic, and Dr. A. M. Williams commends the interest

the parents have shown in the children's eyesight, and the pupils for their helpful behaviour when attending the clinic.

Low Myopia is still prevalent in the 10 to 11 year old age group. This condition, however, does not usually increase appreciably and as the child gets older the Myopia tends to become stationary.

At the end of the year 14 children were on the register of the special class for Partially Sighted Pupils, a number of whom were suffering from progressive High Myopia. Two pupils attending the special class were examined as leavers and registered as disabled juveniles for employment purposes.

Particulars of school children undergoing refraction at the Eye Clinic during 1952 are as follows:—

	New Cases	Re- Examinations	Total
Cases examined	585	1069	1654
Glasses prescribed for	284	419	703
Authorisation for repair or replacement of glasses ...	43	409	452

Squint

25 children were reported to have received operative treatment in local hospitals.

EAR, NOSE AND THROAT

Throughout 1952 pupils found at Routine, Special and Re-Inspections to be suffering from pathological conditions requiring treatment were referred to their General Practitioners. It is not possible, therefore, as in previous years, to give particulars of appointments made and kept at hospital E.N.T. Clinics.

From in-patients returns submitted by Birkenhead Hospitals, the following operations are reported to have been performed during 1952.

	(a) for adenoids and chronic tonsillitis	(b) for other nose and throat conditions	(c) Mastoidectomy
St. Catherine's Hospital	100	14	2
Children's Hospital ...	566	14	5
General Hospital ...	33	2	3
Totals	702	30	10

ORTHOPÆDIC AND POSTURAL DEFECTS

Treatment of Orthopædic defects is still being carried out at the premises of the Birkenhead Invalid Children's Association Clinic by arrangement with the Regional Hospital Board.

522 individual children of school age attended the Clinic during the year for treatment of Orthopædic and Postural Defects.

An analysis of the cases of school age and under school age treated during 1952 is given:—

Disease Categories	New Cases				Re-Exams.				Discharge	
	Under 5		Over 5		Under 5		Over 5		Cured	Relieved
	M.	F.	M.	F.	M.	F.	M.	F.		
Congenital Deformities :										
Trunk	3	2	...	...	2	...	7	8	3	...
Upper Limb	...	...	1	...	1	2	...	...	...	...
Lower Limb	2	2	3	2	2	5	19	16	2	2
Acquired Deformities :										
Flat Foot	37	32	34	36	59	50	250	235	242	1
Hallux Valgus	...	...	...	...	1	...	...	18	...	1
Postural Kyphosis & Scoliosis.	...	...	2	2	3	5	17	22	11	3
Knock Knee	21	21	13	6	80	76	54	52	100	...
Bow Leg	4	5	...	...	4	11	3	3	8	...
Other Conditions	2	4	1	6	9	8	30	34	31	...
Affections of Skeleton :										
Rickets	...	1	...	2	...	1	...	...	...	...
Other Conditions	...	...	...	...	...	...	...	...	...	...
Affections of Nervous System :										
Spastic Paralysis	...	5	...	...	4	5	19	29	1	...
Infantile „	...	...	...	...	...	9	3	4	...	...
Peripheral Nerve Lesions	...	...	1	2	1	...	1	...	...	...
Other Conditions	1	...	3	2	6	1	5	6	8	1
Affections of Bones :										
Osteomyelitis	...	...	...	...	...	1	...	...	...	...
Tuberculous	...	...	...	...	...	...	...	...	...	...
Other Conditions	...	...	...	...	2	4	6	4	6	...
Affections of Joints :										
Tuberculous	...	...	...	...	...	9	7	2	...	...
Non-T.B.	...	...	2	3	...	2	6	2	2	...
Affections of Spine :										
Tuberculous	...	...	...	...	...	...	2	...	...	...
Non-T.B.	...	...	...	...	...	...	...	...	...	...
Affections of Epiphysis	...	...	...	...	...	...	2	1	3	...
Affections of Soft Tissues	...	...	2	1	...	1	2	1	...	...
Complications of Trauma	...	...	...	...	...	...	1	...	...	...
Totals	70	72	59	62	175	180	433	447	420	8

MASSAGE AND REMEDIAL EXERCISES

This was provided by the Invalid Children's Association on the advice of the Orthopædic Surgeon. During the year there were one full-time and two part-time physiotherapists on the Association's Staff.

The number of attendances was 7,150. (compared with 10,314 in 1951) by non-tubercular clinic cases.

In addition 368 attendances were made by Non-Clinic Cases (e.g., those sent by Orthopædic Surgeons of Local Hospitals) as compared with 499 for last year.

CONVALESCENCE AND AFTER-CARE TREATMENT

During 1952 the Medical Staff examined 91 children referred for convalescence, and approval for treatment was given in all cases.

The children concerned were referred from the following sources:—

Assistant School Medical Officers	22
General Practitioners	65
Local Hospitals	2
Physicians to Chest Clinic	2

Arrangements for convalescence were made by the Birkenhead and Wirral Invalid Children's Association on behalf of the Local Education Authority. The cost of treatment for 87 children was met under the Education Act, 1944, 3 children were paid for by the Merseyside Hospitals Council (Penny in the Pound Scheme) and the cost of convalescence for 1 child was met from the funds of the Association.

ULTRA VIOLET RAY TREATMENT

At the premises of the Invalid Children's Association, a total of 49 children of school age made 736 attendances during the year.

At the North Health Clinic a total of 12 children of school age made 199 attendances during 1952.

	Improved	Not Improved	Still under treatment at end of year.
Bronchitis	2	—	1
Bronchial Catarrh	3	—	3
Catarrh	2	—	1
Cervical Adenitis	—	—	—
Debility	1	—	1
Post Whooping Cough	—	—	—
Enlarged Tonsils	—	—	—
Rickets	—	—	—
Recurrent Styes	—	—	—
Post Pneumonia	1	—	—
Acne	2	—	—
Asthma	1	—	—
	—	—	—
	12	—	6
	—	—	—

At the South Health Clinic a total of 11 children of school age made 195 attendances during the year.

	Improved	Not Improved	Still under treatment at end of year.
Debility	2	—	—
Malnutrition	1	—	—
Anaemia	5	—	—
Bronchitis	3	—	—
	—	—	—
	11	—	—
	—	—	—

HANDICAPPED PUPILS

During the year, 23 Physically Handicapped Pupils were newly ascertained and registered in the following categories:—

Category (a)

Blind 1 pupil

Category (b)

Partially Sighted 2 pupils

Category (d)

Partially Deaf 2 pupils

Category (e)

Delicate 4 pupils

Category (h)

Epileptic 6 pupils

Category (j)

Physically Handicapped :—

Heart Disease	1 pupil
Bronchiectasis	1 pupil
Spasticity	5 pupils
Coeliac Disease	1 pupil

In addition 48 children registered in previous years were re-examined by the School Medical Staff.

Details of the School Health Service Clinics and Staff are returned to the Ministry of Education on Form 20M and Form 21M, which is reproduced below, gives the numbers for whom Boarding Homes and Special Boarding Schools are required.

Ministry of Education—Form 21M

Handicapped pupils requiring education at Special Schools or boarding in Boarding Homes.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally subnormal (8) Maladjusted		(9) Epileptic	Total 1-9
In calendar year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Special Schools or Homes	—	3	1	—	1	—	16	—	—	21
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	1	2	—	2	3	3	25	1	2	39
On or about December 1st :—										
C. Number of Handicapped Pupils from the area :—										
(i) Attending Special Schools as										
(a) Day Pupils ...	—	14	3	—	—	—	106	—	—	123
(b) Boarding Pupils	6	—	12	5	1	1	5	—	1	31
(ii) Boarded in Homes										
(iii) attending assisted schools (under approved arrangements) ...							2			2
Total (C)	6	14	15	5	1	1	113	—	1	156
D. Number of Handicapped pupils being educated under arrangements made under section 56 of the Education Act, 1944—										
(a) in hospitals					8	9				17
(b) elsewhere						2				2
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	2	—	—	2	4	26	9	2	2	47

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils in the financial year ended 31st March, 1952, £1,158. 16. 5.

Particulars of two handicapped pupils resident in Independent Schools assisted by the Local Education Authority under Section 9 (1) of the Education Act, 1944, were submitted to the Ministry of Education on Form 23M.

Appended in detail is the distribution of School Children accommodated at 31st December, under the various categories of handicap:—

Category (a)—Blind

Royal Normal College, Shrewsbury	1 pupil
Nursery School for the Blind	1 pupil
School for the Blind, Liverpool	5 pupils (4 Trainees)
Catholic Blind School, Liverpool	2 pupils
Henshaws Institute for the Blind, Manchester	1 pupil
Awaiting vacancy Ellen Terry Homes for Blind Mental Defectives	1 pupil
At home	1 pupil

Category (b)—Partially Sighted

Sight Saving Class, Birkenhead	14 pupils
--------------------------------------	-----------

Category (c)—Deaf

Liverpool School for the Deaf	9 pupils
Royal Cross School for the Deaf, Preston	1 pupil
Blenheim School, Farnley, Leeds	2 pupils
St. John's R.C. Institution for the Deaf, Boston Spa	3 pupils

Category (d)—Partially Deaf

Liverpool School for the Partially Deaf, Southport	5 pupils
Primary Schools	1 pupil
Secondary Schools	1 pupil
Awaiting vacancies at School for the Partially Deaf	2 pupils

Category (e)—Delicate

Primary Schools	5 pupils
Secondary Schools	5 pupils

Category (f)—Diabetic

Nil

Category (g)—Educationally Subnormal

Claughton Road Day Special School, Birkenhead	106 pupils
Approved schools	1 pupil
Pontville R.C. School, Ormskirk	1 pupil
St. Joseph's School, Surrey	1 pupil
Besfort Court School, Birmingham	2 pupils
C. of E. Special School, Dulwich	1 pupil
Independent schools	2 pupils
Leasowe Hospital School	1 pupil
Primary Schools	27 pupils
Secondary Schools	35 pupils
Private School	2 pupils
Application to Independent School	1 pupil
Awaiting vacancy Day Special School	8 pupils
Awaiting vacancy Boarding Special School	1 pupil

Category (h)—Epileptic

Maghull Homes, Maghull	1 pupil
Primary Schools	1 pupil
Secondary Schools	3 pupils
Awaiting vacancy at Boarding Special School	1 pupil
Not attending school	2 pupils

Category (i)—Maladjusted

Approved Schools	7 pupils
Hospital Special School	1 pupil
Private Schools	2 pupils
Primary Schools	57 pupils
Secondary Schools	47 pupils
Awaiting vacancy Aymestry Court Special School	1 pupil

Category (j)—Physically Handicapped

The Margaret Barclay Residential School for Crippled Children, Mobberley, Cheshire	1 pupil
Private Schools	3 pupils
Primary Schools	18 pupils
Secondary Schools	22 pupils
Not attending school	10 pupils
Home tuition	2 pupils
Non-maintained Secondary Schools	1 pupil
St. Joseph's Heart Hospital, Rainhill	1 pupil

HOSPITAL SPECIAL SCHOOLS

In-patient returns, including diagnoses of cases were submitted throughout the year in respect of Birkenhead children between the ages of two and sixteen receiving Special Educational Treatment in the following Hospitals:—

Birkenhead Orthopædic Hospital, Thingwall.

Royal Liverpool Children's Hospitals, Heswall and Thingwall.

Robert Jones and Agnes Hunt Orthopædic Hospital, Oswestry.

Leasowe Children's Hospital.

SPEECH THERAPY

Mrs. Mary Peel, Speech Therapist reports:—

“ It cannot be over emphasised that the cure of a speech defect takes time and patience. In the majority of cases attending the clinic the children are responding well to treatment, and co-operation between the Speech Therapist, the home and the school has obtained good results. In cases where the children are left to attend by themselves, progress has been slower, as it is often a case of giving treatment under difficult circumstances. Fathers have shown an increase of interest this year, and this has had a marked effect in home treatment.

During the year, there has also been a change in attitude towards speech defects, and a tolerant sympathy has replaced the old biased ideas. This is most encouraging.

As in previous years, the children selected for treatment have been seen by the Speech Therapist, and a representative number from each school have been selected for treatment. 169 children have been admitted to the clinic; of these 91 are at present receiving treatment, and 78 have been discharged. The waiting list is unfortunately long.

Treatment of Speech Defects is given individually and more play therapy has been introduced this year, the children attending for treatment being slightly younger this year than previously. Dyslalic cases have constituted the greater number of defects, there have also been a large number of sigmatic disorders. Five cleft palate cases have been treated, and a number of children have been treated for hearing difficulties. Breathing exercises and sound games are given to the children, especially those suffering from Rhinolalic disorders. Exercises in sound are given and these are also carried out at home whenever possible. They are also treated from a psychological approach to their Speech Defect: this has the result of giving them the necessary confidence. It would be of inestimable value if a recording machine could be obtained for the

Borough, and also if there were local facilities for Audiometric testing.

Group treatment has again been given to stammerers. This is a controversial question. Is a stammerer a speech defect or only a maladjusted person, the stammer being the symptom of maladjustment and not a speech defect. The treatment given at the clinic has good results in some cases, but poor or negative results in others, so that speech therapy does not seem to be the answer to all stammering problems, and a slightly different approach is needed."

No. of Cases treated:

	Dyslalic	Sigmatic	Other Cases	Stammerers
Girls	15	7	10	15
Boys	45	4	13	60

Number attending:

	Dyslalic	Sigmatic	Other Cases	Stammerers
Girls	12	2	7	5
Boys	27	—	9	32

Number Discharged:

	Dyslalic	Sigmatic	Other Cases	Stammerers
Girls	3	5	3	10
Boys	21	4	4	28

MALADJUSTED CHILDREN

During the year 30 new cases were seen by the Psychiatrist and 1 school child was re-examined.

An analysis of the cases dealt with shows:

New Cases

No. of children examined	...	...	...	...	...	30
Registered as Maladjusted	...	...	...	...	...	21
Not Maladjusted	...	...	...	...	...	4
Educationally Subnormal	...	...	...	...	...	4
Recommended for Residential Training Centre	...	...	...	...	...	1

Re-examinations

No. of children re-examined	...	...	...	...	...	1
Maladjusted	...	...	...	...	...	1

CHILD GUIDANCE TREATMENT

During the year 28 children were treated at the Notre Dame Child Guidance Clinic, Liverpool, for conditions diagnosed by the Psychiatrist.

A survey of Birkenhead children treated over a period of 12 months was undertaken during the year. The number of cases treated was small and it is difficult to draw conclusions.

The high preponderance of behaviour disorders (e.g., truancy, stealing, unmanageable at home) 27 out of 39 cases referred to the Psychiatrist is noteworthy. One is driven to the conclusion that parental control and guidance must be lacking in many of these cases if not all.

The parents of half of the children recommended for treatment did not accept it. On a follow up, the reports were fairly satisfactory in children who had received no treatment.

Follow up reports on those children who had attended for Child Guidance showed that in one third of these cases there was no improvement.

EDUCATIONALLY SUBNORMAL CHILDREN

Ascertainment examinations of children thought to be educationally subnormal were held in schools and at clinics during the year. The approved Medical Officers made recommendations as follows:—

Total number examined	54
Found to be Educationally Subnormal and:—	
Recommended to attend Day Special School	25
Recommended for admission to Boarding Special School ...	1
Recommended to remain at Ordinary Schools with special coaching	21
No disability of the mind	7

In addition 9 re-ascertainments were made of children previously recommended to remain at Ordinary schools with Special coaching. In all cases it was recommended that the children should remain at their present schools.

During the year 22 children in attendance at Claughton Road Day Special School were ascertained in connection with leave of absence applications, special school leaving, and at routine re-examinations. These ascertainments resulted as follows:—

Special School Leavers:—

(a) Reported to the Local Health Authority Section 57 (5) of the Education Act 1944	2
(b) Supervision not required on leaving Claughton Road	13
Leave of absence recommended	1
Leave of absence not recommended	1
Reported to Local Health Authority Section 57 (3) of the Education Act 1944	1
Residential School for Educationally Subnormal children ...	1
Routine re-examinations	3

MENTAL DEFICIENCY

The number of children notified by the Local Education Authority to the Local Health Authority under Section 57 of the Education Act, 1944, was 12. 10 children were dealt with under Sub-Section (3) and 2 under Sub-Section (5).

PHYSICAL EDUCATION

I am indebted to the Director of Education for permitting me to reproduce a report written by the Organiser of Physical Education.

During this year the progress in orthopaedic work has continued as part of the routine work of Infant and Junior Schools.

Chief Staff Inspector of Physical Education for the Ministry of Education, E. Major, Esq., H.M.I., has had a recent opportunity of seeing and discussing the work in Birkenhead. In appreciating the nature of the physical education of our Birkenhead Junior Schools, the Chief Staff Inspector has suggested that in retaining the orthopaedic exercises as part of the normal lesson, the spirit of movement and vigour of the lesson should be maintained. This should be an integral part of any normal P.E. lesson for all age groups since the respiratory and circulatory systems are of vital importance in any balanced scheme of physical education. This side of the work is now being stressed particularly in the Birkenhead Junior Schools. Some schools have obtained pedographs during the year, but many more are needed before all schools are provided for.

The "new approach" embodied in the Birkenhead type of physical education for Primary Schools has now been endorsed by the Ministry of Education. The recent publication of Part One, "Moving and Growing", printed by H.M. Stationery Office, price 6/- and prepared by the Ministry of Education and Central Office of Information, will, in conjunction with Part two, replace the Syllabus of Physical Education for Schools, 1933.

During the year two additional playing fields at Kings Road and Glenavon Road have been made available for schoolchildren. This means an addition of eighteen acres. Even with this most recent acquisition the facilities for our Birkenhead Schools are meagre. There are only 69.5 acres available for over 23,000 children. At present it is clear to see that many schools within the town simply cannot participate in organised games. The playing fields are insufficient for the numbers to be catered for. In the near future the Education Committee is hoping to acquire a considerable acreage for school use within the boundaries of the town. This should remove one of the greatest weaknesses within the physical education scheme of Birkenhead. The value of good playing fields to children living in an industrial town is considerable and the need to improve the present position is vital to the health of the children living in Birkenhead.

The continued lack of suitable changing accommodation on some of the Birkenhead Playing Fields continues to be a matter of real concern. The needs of scholars in this respect are of pressing importance as a safeguard to their health.

There remains a vacancy for a suitably qualified lady Organiser of Physical Education in the town despite repeated attempts by the Education Committee to make an appointment.

Preparations are in hand for a large Coronation Celebration to be held for scholars, parents and friends at Birkenhead Park Football Ground on Friday evening, the 5th June, 1953. All branches of Physical Education will be seen in the form of demonstrations by three thousand schoolchildren from Birkenhead Schools.

In our Primary and Secondary Schools, gymnastics, organised games, athletics and swimming form the basis of our Physical Education. The recent revival in country dancing continues and this activity

will play a prominent part in the Coronation Celebrations on the 5th June,

Once again there have been a number of sporting successes at National and County level. During the year one boy and one girl have each created new British Swimming Records and have won the corresponding National events. There have been the usual successes in the National Athletics Championships and the Birkenhead Schools Football Association has had its most successful season for some years. Not since 1912, when Birkenhead Schoolboys played West Ham, has Birkenhead seen a National Schoolboys Association Football final. This year, at the time of writing, Birkenhead are due to meet Flintshire in the Final of the Welsh Schools National Competition at Prenton Park, Birkenhead. In addition, the Birkenhead XI meets Crewe in the Final of the Cheshire County Shield and meets Liverpool in the Final of the Merseyside Competition. Shaftesbury Boys' Club won through to the Semi-final of the National Basketball Competition and the Birkenhead Youth Team won the Merseyside Netball Competition. During the year the Birkenhead A.F.C. Youth Team toured Holland.

Physical Education in general continues to play an important part in the life of the voluntary associations and clubs in Birkenhead. Large numbers of schoolchildren and youths continue to make good use of the Corporation Gymnasium, recently made at the Livingstone Street Public Swimming Baths. It is usual for the gymnasium floor to be taken up and swimming re-introduced in April of each year. The facilities provided are proving very popular, particularly for those schools and clubs with limited facilities of their own.

Insufficient provision of P.E. clothing continues to limit the activities of certain schools within the town, although additional activities will be developed as a result of the increase in the physical education estimates as approved for the ensuing year.

Once again, I wish to place on record my appreciation and thanks to those teachers and officials in the town who continue to make some measure of progress possible in our physical education. The very ready help and advice of the Medical Officer of Health and his staff are appreciated in the creation of a successful scheme of physical education.

SENIOR DENTAL OFFICER'S REPORT TO THE SCHOOL MEDICAL OFFICER, 1952

The depletion of full-time Dental Officers which followed the inauguration of the National Health Service has continued. Consequently this adverse state of affairs in which the staff was so far below establishment, curtailed the amount of routine Dental treatment and maintained the long interval between School Dental Inspections, thus ensuring a continuation of the large number of casuals seeking relief from pain.

The School Dental Service, being so closely associated with school routine, is accepted as part of the Educational system.

As a result of routine Dental Inspection in the schools followed by the offer of Dental treatment in the Clinic, acceptances are encouraged in so many cases where treatment would not be sought, it is, therefore, essential to provide modern equipment which is adequate to fulfil the requirements of modern Dentistry, and to build up the School Dental Service to full establishment.

The X-Ray machine was used to good advantage, and the films processed in the Clinic proved an extremely valuable aid to diagnosis.

Some orthodontic treatment was carried out and small partial dentures were provided for children who were so unfortunate as to sustain the loss of front teeth, usually due to accidents.

May I take this opportunity of thanking the School Medical Officer, the Director of Education and their staffs for their valuable help during the year.

F. G. SUTCLIFFE,
(Senior Dental Officer).

MINISTRY OF EDUCATION

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1952

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS****A.—PERIODIC MEDICAL INSPECTIONS**

Number of Inspections in the prescribed Groups :—

Entrants	2231
Second Age Group	1816
Third Age Group	1523
Total	5570

Number of other periodic Inspections	1892
Grand Total	7462

B.—OTHER INSPECTIONS

Number of Special Inspections	2919
Number of Re-Inspections	5397
Total	8316

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	5	264	267
Second Age Group	160	158	318
Third Age Group	116	81	193
Total (prescribed groups)	281	503	773
Other Periodic Inspections	122	268	386
Grand Total	403	771	1159

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1952

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	76	126	264	26
5	Eyes— <i>a.</i> Vision ...	403	306	1	10
	<i>b.</i> Squint ...	74	101	3	5
	<i>c.</i> Other ...	25	47	64	23
6	Ears— <i>a.</i> Hearing ...	16	37	1	4
	<i>b.</i> Otitis Media	45	155	18	7
	<i>c.</i> Other ...	9	58	137	31
7	Nose or Throat ...	265	501	41	73
8	Speech	31	55	18	12
9	Cervical Glands ...	33	420	3	5
10	Heart & Circulation ...	31	154	4	23
11	Lungs—T.B. & N.T.B.	55	258	4	39
12	Developmental—				
	<i>a.</i> Hernia ...	18	11	1	4
	<i>b.</i> Other	25	52	3	29
13	Orthopædic—				
	<i>a.</i> Posture ...	18	56	—	—
	<i>b.</i> Flat Foot	126	288	3	10
	<i>c.</i> Other Non-Pul T.B.	47	124	26	17
14	Nervous system—				
	<i>a.</i> Epilepsy...	2	9	1	4
	<i>b.</i> Other ...	13	64	5	22
15	Psychological—				
	<i>a.</i> Development	1	25	1	2
	<i>b.</i> Stability—	3	34	—	2
16	Other	48	148	556	179
		1364	3029	1154	527

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS**

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Infants	2231	915	41·00	1249	56·00	67	3·00
Second Age Group ...	1816	754	41·00	974	53·63	88	4·85
Third Age Group ...	1523	633	41·56	805	52·86	85	5·58
Under Periodic Inspections	1892	583	30·80	1172	61·95	137	7·25
Total	7462	2885	38·66	4200	56·29	377	5·05

TABLE III.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	69534
(ii) Total number of individual pupils found to be infected	1330
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE IV.

TREATMENT TABLES

GROUP 1.—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table III)

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—(i) Scalp	1	—
(ii) Body	8	—
Scabies	3	—
Impetigo	24	—
Other skin diseases	224	50
Total	261	50

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	64	5
Errors of refraction (including squint) ...	915	25
Total	979	30
Number of pupils for whom spectacles were		
(a) Prescribed	703*	—
(b) Obtained	—	—
Total	703*	—

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	10
(b) for adenoids and chronic tonsillitis	—	709
(c) for other nose and throat conditions	—	30
Received other forms of treatment	193	37
Total	193	786

* Including cases dealt with under arrangements with the
Supplementary Ophthalmic Service.

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	103	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments...	26	522

GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	28

GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	169	—

GROUP 7.—OTHER TREATMENT GIVEN

	By the Authority	Otherwise
(a) Miscellaneous minor ailments	555	—
(b) Other (specified)		
1. Heart and Circulatory	3	38
2. Respiratory	3	219
3. Alimentary	—	6
4. Genito-Urinary	—	39
5. Nervous	7	39
6. Surgical... ..	—	265
7. Casualties	—	94
8. General Medical	7	274
Total	575	974

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic age groups	4329
(b) Specials	3295
Total (1)	7624
(2) Number found to require treatment	6242
(3) Number referred for treatment	5387
(4) Number actually treated	4858
(5) Attendances made by pupils for treatment	7533
(6) Half-days devoted to : Inspection	28
Treatment	949
Total (6)	987
(7) Fillings : Permanent Teeth	2696
Temporary Teeth	80
Total (7)	2776
(8) Number of teeth filled: Permanent Teeth	2470
Temporary Teeth	69
Total (8)	2539
(9) Extractions: Permanent Teeth	1579
Temporary Teeth	4961
Total (9)	6540
(10) Administration of General anaesthetics for extraction	2532
(11) Other operations: Permanent Teeth	1602
Temporary Teeth	81
Total (11)	1683